Report of the Task Force on Family and Children's Services

Nova Scotia
Department of Social Services

REPORT OF THE TASK FORCE

ON

FAMILY AND CHILDREN'S SERVICES

February, 1987

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ACKNOWLEDGEMENTS

No undertaking of the magnitude of the Task Force on Family and Children's Services can be accomplished without the involvement and assistance of many people.

The Task Force, the group which assembled this Report, consisted of nine people. Working along with that group were six Panels. The volunteers who made up and chaired the Panels gave freely and willingly of their time. The members, particularly the Chairpersons, spent many long, arduous hours gathering and compiling the material required for all the background papers for this Report. Indebted to them, the Task Force is appreciative of their efforts, on its own behalf and on behalf of the many families and children in Nova Scotia who are, or may become, clients of the Family and Children's Services system.

The Task Force also recognizes the contributions of employers in private sector agencies and businesses who allowed their staff the time to participate in this undertaking.

Hundreds of individuals, groups and organizations wrote to the Task Force, presented briefs or sent information on services and programs for families and children. We owe them our gratitude for their interest, contributions and co-operation.

Early in its deliberations, the Task Force decided to examine Family and Children's Services in other provinces. This was accomplished through correspondence, telephone conversations and visits to a few of the provinces, namely Alberta, Saskatchewan and Ontario. To colleagues in all the provinces who took time to assist the Task Force, sincere appreciation.

Secretarial and clerical staff of the Department of Social Services typed and retyped documents for the Panels and the Task Force and performed many other chores to keep things flowing smoothly. The Department's Librarian conducted numerous searches and acquired articles, books and other materials

which were extremely useful. The Task Force thanks them for responding with cheerful readiness to its many requests and supporting all those involved throughout this endeavor.

INTRODUCTION

Family and Children's Services in Nova Scotia have always been silent partners in the social services system, overshadowed by financial assistance programs such as Family Benefits and Municipal Social Assistance. Family Benefits, for example, accounted for approximately 43.9 percent of the Department of Social Services' budget in 1986/87, with another 22.7 percent taken up by Municipal Social Assistance. Lacking a strong advocacy such as that aligned with seniors and the mentally handicapped to lobby for new or enhanced programs, Family and Children's Services seems to attract and sustain public concern only when a series of heart-rending and horrifying events occur such as those which have plagued Nova Scotia in the last few years.

A child is beaten to death, scandalous incidents of sexual abuse of children are uncovered in a community, a child is discovered severely neglected and/or abused, a well-respected member of a community is found to be the perpetrator of sexual abuse of a child; these are the things which focus public attention on the family and children's services system. Child Abuse, emblazoned across the print and electronic media, became an almost daily reality for Nova Scotians beginning in 1982. Gruesome details of the death of a young child at the hands of his babysitter, tales of incest and abuse of several children in one family and similar events shocked Nova Scotians into the realization that physical, sexual and emotional abuse of children was occurring in such numbers in their own communities that these problems could no longer be ignored.

Growing public awareness, stimulated by the events themselves and a provincial media campaign encouraging people to report known or suspected incidents of child abuse, resulted in a dramatic increase in the reporting of suspected child abuse; so much so, that the pressures on the agencies in the Family and Children's Services system reached crisis proportions. The number and complexity of reported cases so heavily taxed the system that its ability to respond was seriously jeopardized.

In the fall of 1985, the Honourable John Buchanan, the Premier of Nova Scotia, responded to the crisis by promising to convene a Task Force on Family and Children's Services. This Task Force was established shortly thereafter, in November of 1985, by the Honourable Edmund L. Morris, Minister of Social Services.

Aware that the demands on limited resources would cause serious damage to the system, the Minister requested the Task Force to examine the range of services to families and children in Nova Scotia contained within the jurisdiction of the Department of Social Services. The broad Terms of Reference for the Task Force (see Appendix I) encompassed all aspects of Family and Children's Services, with the exception of Day Care Services, which were to be examined only as they relate to other family and children's services programs.

This report, the result of fifteen months of effort, incorporates the work of hundreds of Nova Scotians who have given generously of their time to contribute to the betterment of services to families and children in Nova Scotia. These months were marked by moments of intense emotion, ranging from joy to despair as the members of the Task Force and the six Panels unravelled the complexities of the current Family and Children's Services system and examined its future. Everyone was deeply moved by some of the experiences recounted by the many people who met with the Task Force, and resolved to try to right the ills which currently beset the system. At times, however, the overwhelming amount of information gathered seemed impossible for a single Task Force to absorb, let alone integrate into recommendations for future policy changes.

It is a sad reality of life in the 1980s that many families and children in Nova Scotia still live below the poverty level and suffer daily emotional or physical abuse. Poor housing and an income insufficient to meet basic needs have been identified as two of the most common antecedents to the neglect of children. Given its provincial and municipal systems of income support, Nova Scotia might be considered to have the necessary structures in place to prevent family suffering through insufficient income and poor housing. Such is not the case.

The Task Force heard many stories of desperation: the plight of families living without adequate housing, the frustration of a mother choosing between paying the rent or buying food for her children, and the despair of another parent unable to afford eye glasses for her child. Ironically, the material needs of that child would have been met if the child had come into the care of the Family and Children's Services system.

Based on its findings, the Task Force concluded that eliminating gaps in service and the inequities in social assistance would prevent some of the causes of child neglect and abuse.

However, the point should be made that child neglect and abuse are not the exclusive domain of low-income families. They are present in all economic groups and communities. No group is immune and no community has been able to prevent these problems. They are symptomatic of many problems facing the rapidly-changing family structure in the 1980s.

The nuclear family of two or three generations ago has given way to the blended family. The extended family now often extends only to a mother and her child. Where two-parent families were the norm twenty years ago, single-parent families are common today. It is also common for children of today to have four parents - two biological and two step-parents.

Changes in the family have created difficult challenges for society. Once, the family was available to assist its members who needed help; today, it is common for those who need help to look for assistance outside the family. Only a generation ago, most mothers worked in the home, while today, most work outside it. The image of the "latchkey child", fending for himself until parents return home, is gaining acceptance.

Society has an obligation to respond to the needs of the changing family unit. Where once, a mother was available to teach her adult children to care for their infants, such is often not the case today. As a result, young parents must turn increasingly to the community for help. When both parents work outside the home, it is left to the community to provide child care. When children cannot

look to their own extended family to learn about family life, the community must provide better education and support so that future generations will develop a solid foundation of skills and values upon which to build.

The pressures of growing up in today's society have resulted in many difficulties for adolescents and their parents. The Task Force was told of parents who, in despair, have given up on their adolescent children and have turned them out of their homes to fend for themselves. Similarly, the Task Force heard stories of adolescents who had given up on their parents and left home, often with only a few possessions in a plastic bag. These adolescents who leave on their own accord strive for independence, and yet, given the modern world and its economic conditions, they need more than just the desire to work and succeed. Instead of achieving independence, they are sometimes forced to turn to the social assistance system or the family and children's system for support. All too often, that support cannot, or is not, given.

The Task Force heard more about adolescents than about any other group of youngsters. It was pointed out that resources and services to deal with their unique needs were either inadequate or nonexistent. Facilities do not meet their needs, nor are staff adequately skilled to cope with their complex problems. In fact, the Family and Children's Services system as a whole is inadequately equipped to respond to the problems of adolescents as a group.

During a meeting with some youths who have been in "the system", the Task Force was struck by their simple, clear call for something that would inspire hope. That, more than anything else, is what the social service system must provide. The family in need of adequate income support and housing, the single mother who wants to learn to be a good parent, working parents who need adequate child care in order to support their family, the troubled teen who seeks the ability to cope with a frightening and complicated world - they all seek a support system that can provide dignity, integrity and hope for better times ahead. Without this hope, the system fails. But if the system can provide the tools for self-improvement and fulfillment, it has done much to achieve its goals.

The presentations to the Task Force on the Family and Children's Services system reconfirmed the fact that there is no single solution to the woes that beset the present system and the families and children it serves. Complex circumstances bring families and children to the system, and the solutions to their problems are equally complex.

Prevention of problems and the co-ordination of services to deal with these problems will be recurring themes throughout this report. Increased attempts must be made to help children and their families before family breakdowns and other crises occur. To do so will require the combined efforts of government, the private sector and the community.

The Government must find ways to better utilize its scarce resources for prevention. At the same time, it must enhance existing services and programs and develop new ones. Only through time, good planning and a commitment to change, will a better service system for families and children evolve. The Task Force, therefore, urges the government to build upon, rather than dismantle, the existing system. The government must develop and adopt policies which recognize the importance of the family unit, create programs which strengthen and support the family unit, and protect the most vulnerable members -children - when families cannot meet their responsibilities.

The work requested of the Task Force has been arduous, and all who have been involved in this endeavor have given their utmost within the time and resources available to them. This Report will not address the numerous problems and issues to everyone's satisfaction. Yet, it is presented in the hope that it will lead to a better system of services and programs for children and their families in Nova Scotia. The Task Force asks only one thing: that those who respond to it will do their utmost to ensure that the necessary changes occur.

STRUCTURE AND METHODOLOGY

The Task Force was comprised of a group of nine members drawn from senior officials from the Department of Social Services, private sector social agencies and non-governmental bodies such as the Nova Scotia Federation of Labour. Co-chairs of the Task Force were from government and the private sector.

In addition to the core group, there were six Panels. Membership of these Panels was similar to that of the core group with regard to public and private sector involvement. Each of the Panels was chaired by a private sector person and included a resource person from the Department of Social Services. A complete list of the membership of the Panels and the core Task Force is contained in Appendix II.

The first few months of the Task Force's work was spent in defining the tasks to be undertaken, establishing a methodology, developing a listing of resources, and constructing the Panels. By February, 1986, the Panels had formed and were ready to begin their work.

In January, 1986, letters of invitation to submit and/or present briefs were sent to 204 agencies and organizations across Nova Scotia. As well, ads soliciting public response were placed in all the daily and weekly newspapers in the Province and in several special interest papers - e.g., Canadian Armed Forces - in January, 1986. In late August and early September, public meetings were advertised for Halifax, Sydney, New Glasgow, Digby, and Liverpool. The meetings in Digby and Liverpool were cancelled due to poor public response.

Appendices III through VI list the names of individuals, organizations and agencies invited to make submissions to the Task Force, the briefs and letters received and the meetings held and the bibliography.

The response to the Task Force was overwhelming; in total it received 167 letters and briefs. Between April 17, 1986 and the end of September, the Task Force, along with members of the various panels, met either separately or together with 105 interested individuals, consumers of services, community groups and organizations, and agency representatives. In addition, members of the Panels visited service agencies across the Province, and met with organizations and individuals which had a specific interest in the areas each was researching and developing.

The Task Force and the Panels contacted other provinces and countries for information on family and children's services in their jurisdictions. Several members of the Task Force and/or Panels visited government and private sector officials in Ontario, Saskatchewan and Alberta to discuss issues relevant to the structure of family and children's services in their provinces.

Each Panel and the Task Force searched the literature for comparative data, current theories and innovative programs for family and children's services. Background documents prepared for the Task Force by the Panels were completed in November and December of 1986. Issues such as staffing and staff training were of common concern to the Task Force and the six Panels. Each Panel addressed these issues separately. The Task Force, however, in utilizing the Panel reports, has consolidated the concerns expressed on these topics and dealt with them collectively, and at length, in the appropriate chapter of this report. For example, although staff training is mentioned in several chapters of the Task Force Report, it is addressed in detail in the chapter on Program Administration.

In addition, because the family and children's service system is so inter-related, the Task Force had to decide which chapter was the most appropriate one in which to address issues which cross program boundaries. For instance, while the chapters on Services to Adolescents and Foster Care include discussions on residential facilities, the subject is more fully examined in the chapter on Residential Facilities. To gain a total understanding of such subject area and the position taken by the Task Force, the reader must refer to more than one chapter of the Report.

Throughout the text, when reference is made to agencies, unless noted otherwise, the term includes the thirteen Children's Aid Societies or Family and Children's Services agencies and the five offices of the Department of Social Services which deliver child welfare services.

This report is a composite of the work undertaken by the Panels and Task Force. As such, it is a consensus forged from the briefs, presentations and research, and from the diverse opinions of those involved in the work of the Task Force. Obviously, the Task Force could not respond to every statement, opinion or recommendation put forward. The Task Force, therefore, decided to address the major issues affecting Family and Children's Services and to provide direction for the future.

A BRIEF HISTORY OF FAMILY AND CHILDREN'S SERVICES IN NOVA SCOTIA

The history of family and children's services, interwoven with that of the social services system, had no real separate identity until the 1800s. Before that, orphaned or destitute children and families were forced into workhouses where they were treated as chattels and subjected to much abuse. Many did not survive; those who did were often scarred for life.

In the 1830s, the plight of people, particularly children, in the workhouses, caught the attention of reformers like Joseph Howe, the owner and editor of the Novascotian, who began to campaign for better conditions. Gradually, separate institutions to help children in need were established. These included St. Mary's Convent Orphanage (1849) and its successor, St. Joseph's Orphanage (1868), the Halifax Protestant Orphan's Home (1857), the Halifax Industrial School (1865), St. Paul's Home for Girls (1867), Halifax Infants Home (1875), St. Patrick's Home (1885), and the Good Shepherd Industrial Refuge (1890).

There were no laws at this time to protect children from neglect and abuse in their own homes. Laws to protect animals came first in 1822. In fact, the Society for the Prevention of Cruelty to Animals had been established in Nova Scotia for four years before the province's first legislation pertaining to the protection of children came into effect, in 1880. That legislation, the Act for the Prevention and Punishment of Wrongs to Children, enabled the Society to deal with wrongs committed against children under the age of sixteen. Records show that by 1888, two-thirds of the Society's caseload concerned the abused children of needy families.

In 1906, the province introduced more substantive legislation pertaining to the protection of children. The Children's Protection Act passed that year allowed private children's aid societies to be established in the province. These agencies were empowered to bring neglected boys (under fourteen) and neglected girls (under sixteen) before the Court, to act as their guardians, to place them in

temporary shelters or private institutions, and to identure them to suitable homes.

The first Children's Aid Society was organized in Halifax County in 1905. However, it lacked public support and remained active for only a short time. Children's aid societies began to flourish only after 1912, when Mr. Ernest Blois was appointed by government as Superintendent of Neglected and Delinquent Children and Chief Probation Officer in the Province. Thereafter, children's aid societies were established in Kings County (1912), Cape Breton, Cumberland, Hants, Pictou, and Yarmouth Counties (1913), the Counties of Annapolis and Colchester (1914), the City of Halifax (1920), and the Counties of Queens (1925), Shelburne (1930) and Lunenburg (1931). In 1981, the Inverness-Richmond Children's Aid Society was created, followed by the MicMac Family and Children's Services in 1985.

From 1900 to 1931, a number of other institutions for children were developed. The first Juvenile Court was established in Halifax in 1911. Improved legislation dealing with mentally defective children prompted the building of the Nova Scotia Training School in 1930. Also, legislation was introduced to provide allowances for widowed mothers of dependent children.

In these early years, children's aid societies experienced financial difficulties because their meagre funding base was dependent upon municipal contributions. In 1940, the provincial government began providing direct grants to the societies, thus enabling them to develop and expand their services. At about the same time, a joint system of administration of agencies and provincial social services offices was started. The first joint service agreement, under which Mr. D.R. Allen was appointed joint head, was signed with the Children's Aid Society of Shelburne in 1941. The joint service agreement is unique to Nova Scotia. Under such agreements, a Regional Administrator or District Supervisor of a Department of Social Services office also acts as the Executive Director of the local Children's Aid Society or Family and Children's Services Agency. Only two agencies in Nova Scotia are not currently part of this joint system, the Children's Aid Society of Halifax and the MicMac Family and Children's Services.

Private, non-profit child welfare agencies were developed by local community groups in many areas of the province. In other areas in which there was no concerted community response to the plight of needy families and children, a child welfare agency was either never established or, if it was, it did not last long. In these areas - Digby, Halifax County, Dartmouth, Antigonish, and Guysborough - the provincial government became responsible for the provision of child welfare services, a responsibility which it holds to this day.

With the creation of the Department of Public Welfare in 1944, a significant change took place in the public social welfare system. As part of the transfer to the new department, authority for services to families and children was moved from the Ministry of Public Health to the Department of Public Welfare.

In the late 1950s and the 1960s, several changes affected family and children's services. The 1956 federal Unemployment Act prompted the province to replace the "poor laws" with the Social Assistance Act, which it established in 1958. Under the Act, a cost-sharing agreement between the provincial and federal governments permitted the province to take over responsibility for services that municipalities had, until that time, ineffectually provided. The Canada Assistance Plan of 1966 established federal cost-sharing benefits to Nova Scotia social assistance and social services programs, thus allowing the province to expand its programs and services for families and children.

Perhaps the legislation of major concern to the Task Force is the Children's Services Act of 1976, developed in response to an increased interest in services to children. The Act consolidated legislation dealing with adoption, child welfare, training schools, and the Youth Training Centre. It created the Child Abuse Register, added the possibility of voluntary care, and improved the protection services for neglected and abused children.

As legislative measures developed, so did the judicial system. The first courts to deal with children were the juvenile courts established under the federal Juvenile Delinquents Act of 1908. By 1961, all areas of the province had access to the courts. In 1965, the juvenile courts were absorbed into the Family

Court system, which has responsibility for family law, maintenance, child protection, and the Young Offender's Act.

Approximately twenty years ago, the first of the non-legislated counselling agencies for families was established. Family and Children's Services of Eastern Nova Scotia, established in 1969, provides counselling and family life education programs to residents of Cape Breton and the Eastern part of the Nova Scotia mainland. In 1976, the Halifax Association for Family Life (now, the Family Service Association) was established. It provides family counselling services in the cities of Halifax and Dartmouth, the Town of Bedford and Halifax County.

Concern over the increased incidence of child abuse and family violence prompted the development, in the mid 1970s, of another form of private agency - the transition house. Between 1978 and 1985, a total of six transition houses were established for the purpose of providing sanctuary to women and children of physically and emotionally abusive environments. They include Adsum House, Bryony House, Cape Breton Transition House, Tearman Society, Juniper House and Chrysallis House.

Since the end of World War II, the province has established or funded a number of facilities to serve children. They include:

- four Children's Training Centres established since 1966 in Dartmouth, Digby, Pictou, and Sydney for the care of severely mentally retarded children;

- the Shelburne Youth Centre, originally established in 1947 as the Nova Scotia School for Boys, and renamed in 1985 when its mandate was changed to serve male and female offenders under the Federal Young Offender's Act;

- Nova Scotia Residential Centre, originally established in 1967 as the Nova Scotia School for Girls, and renamed in 1985 when its mandate was changed to provide for the care of emotionally disturbed children;

- three residential centres at Halifax (1970), New Waterford (1973) and Hebron (1974), and several group homes established between 1970 and 1982.

There have been a great many programs and social service organizations for families and children established throughout the province. This brief history does not mention them all. It is meant, rather, to provide a cursory glimpse of the origins of the current Family and Children's Services system.

THE CHANGING FAMILY: A DEMOGRAPHIC PROFILE

Today there are many family structures, unlike several decades ago. Although the functional aspects of the family have remained largely intact, the social, economic and technological forces that began in the sixties have reshaped and transformed its structure. As a result, the traditional nuclear family is now jointed by the dual-wage-earner family, the common-law family, the extended family - and even the commuter family.

A great many changes occurred in Canadian and Nova Scotia families between 1961 and 1981, the last full census year. With these changes come changing service demands and needs. Therefore, before discussing the programs and services required by families, a brief look must be taken at some of the ways in which families, and their needs, have evolved.

According to Statistics Canada, the average family size in this country has decreased from 3.9 persons per family in 1961 to 3.3 persons in 1981. Census families include couples with or without children, lone-parents and common-law arrangements. Nova Scotia reflects the national trend, with the average family size decreasing from 4.0 persons in 1961 to 3.3 in 1981. This smaller family, of course, means fewer children per family unit.

In 1961, 31.8 percent of Nova Scotia families had five or more children. By 1981, that percentage had dropped to 2.5. At the same time, the number of families with one to four children has not decreased as dramatically. Nevertheless, there is a downward trend in all categories of family size. It is generally believed that two phenomena have contributed significantly to the precipitous decline in family size: the advent and use of birth control, and the concern with providing for material necessities, in line with an increasingly consumer-oriented society (and despite an increasing cost of living, boosted by inflation).

From 1961-1981, the number of families with two parents as wage-earners increased from 14 to 49 percent nationally. In 1981 in Nova Scotia both parents were wage earners in 35 percent of families.

In addition to these factors, two trends, the liberalization of divorce and the increasing number of unmarried mothers keeping their children, have resulted in far greater numbers of lone-parent families. From 1961 to 1981, lone-parent families increased by 105 percent nationally and 49 percent in Nova Scotia. Of the 49 percent, 81 percent were female lone-parents in 1981.

The implications of the lone-parent phenomenon for Nova Scotia are clear when one considers that:

a) the average annual income (1980) of female-headed, lone-parent families in Nova Scotia was 58.25 percent of that of male lone-parent families; that is, $10,122 compared to $17,377;

b) lower incomes mean the female lone-parent families have difficulty acquiring affordable housing.

These families are poorer than their male or married counterparts, and therefore, they must often struggle to survive. Their special needs create a demand for more and different types of social service supports and more adequate income assistance.

Remarriage brings with it the stress of integrating the children of former marriages. In Nova Scotia there has been an increase of approximately 6 percent, since 1978, in the number of divorced persons remarrying. These blended or reconstituted families, too, will require the rethinking of some social services programs.

The responsiveness of the Family and Children's Services system to the needs of the evolving family will be the subject of much of the discussion contained in this report.

CHAPTER I

DEFINITION OF THE FAMILY
AND
A FAMILY PERSPECTIVE IN
PUBLIC POLICY

DEFINITION OF THE FAMILY

At first glance, defining the family seemed a simple task. Both the Task Force and the Panel on Services to Families soon discovered, however, that it is a complex exercise. There are numerous definitions of the family, ranging from those which view it narrowly in the traditional sense of a mother, father and child(ren) to those which are so broad and all-encompassing that the family does not appear to be substantially different from other social groupings. Most definitions have been developed to suit a specific purpose; within the Department of Social Services, for example, the definition of family varies from one program to another, depending upon the program's legislative base and purpose.

The definition of family which follows is only one of the many that exist. It was adopted for this report because it is broad and suited to the Task Force's purposes.

> **The family, consisting of persons who are related by blood, marriage or adoption, is the principal means through which we care for one another; the primary unit of learning, education and socialization; a source of emotional sustenance and support; and a significant unit of both economic production and consumption.**

In the context of this functional definition, the Task Force recognizes the family in its various forms and configurations. Where the word "family" appears in the text, it should be interpreted in its most generic sense, unless otherwise specified.

A FAMILY PERSPECTIVE IN PUBLIC POLICY

Dramatic changes which have taken place in the form and structure of the family, particularly in the last few decades, have clearly demonstrated its vulnerability and susceptibility to external pressures and have raised questions about its survival as part of our society.

The traditionalists who look back longingly to "...a time when strong, independent families took care of their own and raised children to socially responsible adulthood" (Hobbs and Associates, 1984:307) predict its death. The futurists, on the other hand, acknowledge that the traditional family, though not as plentiful or as dominant as it used to be, is joining together with other emerging family forms to create a new family system (Toffler, 1980:223). Regardless of the perspective from which it is viewed, the family endures as the most necessary and essential element of our society. Its future well-being, however, depends in large measure upon the importance that society and government attach to its preservation and the creative actions they undertake to support it.

During the course of its work, the Task Force listened as individuals, groups and organizations asked repeatedly that government prove its commitment to the preservation of the family and family life by consciously taking into account the effect its actions have on the family. The following quotation summarizes their position:

> "... that government must not be content to be a passive interpreter of family events; intervening mainly to alleviate hurts and correct damages. It must be an active supporter of family life, making resources available and accessible to families so that they can carry out their functions completely." (Social Planning Council of Metropolitan Toronto, 1983:33)

The development of a statement of family policy was perceived as a way for government to demonstrate its support of the family, protect it through the economic and social transformations taking place in society, and provide a co-ordinated process for the monitoring of policies affecting the family. Many of our current policies and programs do not recognize the new diversity of family forms and, therefore, do not support or enhance them.

In its examination of family policy, the Task Force reviewed existing policies, or lack of them, in other provinces and countries. Most countries do not have an explicit, written family policy which has as its conscious purpose the promotion, development, support, or well-being of the family. Rather, actions

are undertaken and policies developed which, although not solely directed toward the family, have an impact on it. Since the orientation for policy development is most often toward individual or interest group needs - e.g., senior citizens -it may not have positive consequences on the family.

Governments have been reluctant to develop, promote and support a family policy, partially because of the value placed historically on individualism, the independence of the individual and individual initiative. (Rice, 1977:79) The assumption is that too much emphasis on the family might interfere with individual rights. (Genovese, 1984:7)

Canada does not differ from most other countries in the way it develops policies and programs. It has no single identifiable family policy which, in an holistic approach, specifically supports the family. The same is true of the provinces. None has an explicit statement of family policy and, although Quebec is involved in a public consultation on the need to develop a family policy for the province, such a policy has not yet emerged.

Based on the literature, the essential elements of family policy recognize that:

1. the family in all its forms is the most essential and basic unit of our society even though there is a far greater diversity of family patterns in today's society;

2. the family is a vibrant living unit which interacts with the larger social system;

3. what happens in the family is often more the result of what goes on in society, rather than the reverse; and,

4. public policy, instead of strengthening family well-being, often contributes to its problems.

As stated earlier, most of the presentations to the Task Force perceived the development of a family policy for Nova Scotia as an expression of the government's commitment to the well-being of the family and its support of the family through the economic and the social transformations which are taking place. The presentations also perceived a family policy as providing a focal point for the development of government policy which could affect the family by protecting and enhancing it. These perceptions were not unlike those expressed in discussion documents on family policy prepared in Quebec, which state that the goals and objectives of family policy are to dignify and support the family and to co-ordinate government policy with regard to the family.

If, as is so frequently stated, the family is the most basic and necessary unit of society, ways must be found to translate such beliefs into support for the family. One of the ways this can be achieved is by the establishment of a family perspective in public policy.

The Task Force debated at length the pros and cons of a government policy on the family. An holistic approach to the scrutiny and monitoring of legislative acts, regulations and policies within provincial jurisdiction which affect the family seemed desirable and possible within the parameters of a policy on the family. In order to establish and maintain a family policy that enhances family life, the provincial government must be willing to adjust or eliminate any such acts, regulations or policies which are harmful to the family and the services supporting it.

Given its recognition of the family as the most basic and desirable unit of society and its wish to do all that is possible to ensure a good quality of life for families and children in Nova Scotia, the Task Force recommends:

1.1 that the Minister urge the government to develop and implement a policy on the family which clearly expresses its commitment to the concept of the family as an essential part of the social fabric of Nova Scotia and, therefore, worthy of government action and support.

CHAPTER II

CO-ORDINATION OF SERVICES

CO-ORDINATION OF SERVICES

INTRODUCTION

Almost without exception, the briefs and meetings focused, at one time or another, on the co-ordination of services, primarily between Social Services, Health and Education; however, equal recognition might also be given to the Departments of the Attorney General and Housing. These departments were perceived as being inextricably interdependent in providing services to children and their families; yet, they are separated at both the central government and community levels by vested interests, professional jealousies, and lack of a common philosophy.

Most groups, agencies and organizations deplored the lack of a continuum of services or continuity of care for special needs children during all phases of their childhood and adolescence. As one group noted: "Traditionally, doctors, lawyers, social workers, police officers, etc. have not been adept at working together. All have a different value base, are protective of their mandated responsibilities, are unwilling to share information, and are suspicious of others' involvement and motives..." (Brief of the Special Committee on Sexual Abuse: p. 1). In the view of the Task Force, the result is waste and duplication of resources, a higher cost of service and poor service to the client.

CO-ORDINATING MECHANISM

Co-ordination of service is not a new theme in relation to family and children's services. Over the years, national reports such as "One Million Children" (Commission on Emotional and Learning Disorders in Children, 1970) have stressed the need for co-ordination, while in Nova Scotia, "Once More for Children" (Barkow, 1983), the most recent in a long line of reports, dwells on the subject at some length. The various Panels and the Task Force all tried to determine how services might be co-ordinated. Several options which may result in a better co-ordination of services were suggested. Briefly, these are:

- enhancement of the present Health, Education and Social Services (H.E.S.S.) Committee of Deputy Ministers by the involvement of

Ministers, establishment of a full-time Executive-Secretary and the development of local level H.E.S.S. Committees;

- appointment of a Cabinet Committee to oversee the co-ordination of services;

- establishment of a Secretariat on Family and Children's Services as outlined in the report, "Once More for Children"; and,

- establishment of a Family and Children's Services Council.

The Task Force believes the need for co-ordination is acute and that efforts thus aimed must stem from a commitment to a family policy. Each of the options offered advantages and disadvantages. In the final analysis, the model actually chosen is perhaps secondary to the fact that efforts be made to co-ordinate policies, programs and services for families and children.

One model--the H.E.S.S. Committee--already exists and has been functioning since 1972. When the H.E.S.S. Committee was formed, it was with the understanding that it would consist of a Committee of Ministers and a Committee of Deputy Ministers. The mandate of both Committees was to direct, co-ordinate and appraise existing and proposed programs related to children with special needs. As well, both Committees could establish inter-departmental working committees on specific topics. A full-time Secretariat was established to co-ordinate the activities of all the committees formed under the aegis of the H.E.S.S. Committee and to provide ongoing support. Within this structure, the Deputy Ministers' Committee reported to the Ministerial H.E.S.S. Committee, and the Ministerial Committee reported to the Executive Council.

Over the years, the H.E.S.S. Committee has functioned at the Deputy Ministers' level with varying degrees of intensity, depending on the commitment of the participants at any given time. The Secretariat no longer exists as a full-time entity.

If the Terms of Reference for the H.E.S.S. Committee were broadened and the Committee's structure revitalized as originally intended, there might not be a need to develop a new structure for the co-ordination of services to families and children. As suggested to the Task Force and the Panels, the H.E.S.S. Committee structure could be duplicated at the local level on a regional basis.

The Task Force recommends:

2.1 that the Minister

(a) strengthen and enhance the H.E.S.S. Committee structure to provide for the overall co-ordination, at the provincial and regional levels, of family policy and programs and services to children and families; or

(b) develop an alternative mechanism at the provincial and regional levels for the co-ordination of family policy, programs and services to children and families.

In the view of the Task Force, this Committee or other mechanism would, regardless of the structure established to undertake the co-ordination of services, also be responsible for co-ordinating and monitoring government policy on the family.

CHAPTER III

SERVICES TO FAMILIES

SERVICES TO FAMILIES

INTRODUCTION

Much of this Report is devoted to a discussion of specific problems (e.g. child abuse and family violence) and programs (e.g. adoption and foster care) in family and children's services. This part of the Report, however, will examine a broad spectrum of programs and services which affect families from a preventive perspective; that is, how they enhance the family; or, as in cases where some dysfunction already exists, how they prevent further deterioration of the family unit.

As well, some of the major issues and concerns expressed to the Task Force will be addressed.

PREVENTION

The term "prevention", appearing frequently in submissions to the Task Force, was discussed at length. Agencies and community groups urged a shift in emphasis from "after the fact" services to "preventive" services. They recognized that, because of the way the present service system is structured and oriented, services are offered only after the family is in difficulty.

The plea for more and better preventive programming in the social services is not new. But in a system whose major approach is reactive and oriented to crisis intervention, prevention - particularly primary prevention - has never been a priority. This may be due partially to the fact that, unlike the health system, where major preventive successes are clearly visible, the preventive actions of the social services system are not easily or immediately discernible.

The Panel on Services to Families addressed prevention from three perspectives:

- Primary Prevention - services and programs aimed at all members of society and designed to educate and promote the healthy functioning of families and individuals before problems occur;

- Secondary Prevention - services and programs which focus on the early identification of problems and remedial actions which will restore the healthy functioning of the individual or family;

- Tertiary Prevention - services and programs designed to respond to family breakdown, child abuse, child neglect, and family violence after the crisis has occurred. These services, focusing primarily on the individuals affected and to a lesser extent on the family as a unit, attempt to contain the damage and prevent it from having a lasting and irreparable impact on the lives of those involved.

To some extent these preventive processes overlap and cannot be precisely distinguished from one another (Mace, 1983). The most important thing however, as the Panel pointed out, is to provide families, as early as possible, with the knowledge, tools, skills, and support necessary to cope with their problems in order to keep the family unit intact whenever possible.

To achieve this objective, government must take a long-range approach to families--an approach which is preventive.

In other words, teaching an adolescent about healthy family living and child rearing may prevent the later occurrence of child abuse and family breakdown; supporting a family under stress may stop further deterioration and preserve the family unit.

The following sections of this chapter will examine some of the programs and services which have major preventive components.

FAMILY LIFE EDUCATION

The Task Force and Panel on Services to Families examined two avenues for Family Life Education: the first is the public education system; the second, addressed in the next section of this chapter, is the social service system which, in this instance, is defined broadly and generically to encompass community groups, religious groups and health services. Although both systems offer the opportunity for primary prevention, the public education system offers the ideal opportunity to teach children the rudimentary ingredients of family life and interpersonal relationships--communications, parenting skills, problem-solving, and discipline.

The Task Force looked briefly at how the public school system currently addresses the area of Family Life by reviewing the guide Public School Programs 1986-87, 1987-88 (P.S.P.), published by the Department of Education. At the elementary levels, the social studies and health programs lead children to an awareness and understanding of their own feelings and those of others, their family and community environment, and decision-making, nutrition and self-image. These comprehensive programs emerge as important elements in the prevention of future problems.

At the junior high school level, all students are required to take Health as a subject. If they wish, they can also take the Home Economics course. In the health curriculum, the focus is on values, personal development, the processes of maturation, human sexuality and understanding emotions. In keeping with its expressed purpose to "... develop the student's abilities to live congenially within a family unit and to function independently as an individual" (P.S.P., 1986), Home Economics offers practical knowledge about homemaking, banking and child care.

Beyond the junior high school level, there is no compulsory course which promotes family life. In a recent year, approximately six percent of students, mostly female, were enrolled in the senior high school Home Economics courses.

Junior high school offers the last opportunity for all students to receive instruction on topics which reinforce a positive attitude toward healthy family life. The extent to which the public education system furnishes the foundation of healthy family life is, however, dependent upon the attention and importance placed on the system by District School Boards, teachers and principals with the support of parents and the public.

The Task Force believes that social agencies can play a co-operative, consultative role by helping educators in these preventive endeavors. Expertise can be shared and primary prevention programs in the public school system can be enhanced and the opportunity to promote the awareness of the individual and the betterment of society maximized.

The Task Force, believing Family Life Education is a vital part of a system of primary prevention, recommends:

3.1 that the Departments of Social Services and Education be mandated to work co-operatively towards the implementation of an effective and uniformly available Family Life Education Program within the public education system.

ENRICHMENT AND SUPPORT PROGRAMS FOR ADULTS

The various social, family support and enrichment programs designed for adults provide them with the opportunity to learn, to grow and to cope with their individual, marital or family-related problems. These programs are often provided by churches, community groups and organizations, and local Continuing Education departments.

Participants in the adult-oriented programs come for help primarily because they are experiencing stress or crisis. The groups in which they become involved are educational in mode and intent, and are designed to convey knowledge and experience in a way that will contribute to role competency, social and family functioning and improved self-esteem.

Family life and enrichment programs for adults have a lengthy, successful history. Covering such topics as parent/child communication, parenting newborns, single parenting, and couples communication and negotiation skills, they offer adults the opportunity to increase their skills and understanding in these areas.

In addition to educational programs for adults, there are various social and family support groups which advertise assistance to adults. For the most part, these are self-help and peer groups which may offer social and recreational activities, and provide networks of people who facilitate access to community resources, educational opportunities and jobs.

It is difficult to summarize the extent to which such support groups may positively affect families and individuals. Studies such as "The Use of Family Support in Children's Aid Societies: An Exploratory Study" (Cameron and Rothery, 1985) have determined the usefulness and cost effectiveness of such methods with the clientele of social agencies.

One characteristic of self-help groups is their independent nature. They may require professional input from time to time, or may be associated with established agencies. The Task Force supports the availability of support groups, yet recognizes the need to allow them independence within the social structure.

Recognizing the importance of family life and enrichment programs, and of self-help and other support groups, the Task Force recommends:

3.2 that, as a part of their responsibilities in communities throughout Nova Scotia, agencies be encouraged to provide support for groups designed to assist adults in improving the quality of their family and marital relationships and enhancing their parenting skills.

PUBLIC INFORMATION

One of the most effective methods of reaching a wide audience is through public information programming, ranging from the distribution of written materials to the use of television. Throughout the Task Force's deliberations, a number of groups made reference to the need for more and easily accessible information on family and children's services programs, and the advantages of presenting a positive image of healthy family life to the public in order to counteract the negative images and messages now prevalent in the media.

The impact of the electronic media, particularly television, as a vehicle for change is clearly evident from recent campaigns against smoking and drinking and driving. Child abuse and wife battering, as well, have been the subjects of very successful multi-media campaigns in Nova Scotia.

Children's services agencies and transition houses received a number of referrals as a result of their messages in the media, "Child Abuse is Your Concern: Report It" and "Wife Battering: Let's Break the Silence"; in fact, agencies were overwhelmed by the demands placed upon them by the referrals. The Task Force knows it is inadvisable to undertake such campaigns unless the resources are in place to enable agencies to respond quickly and appropriately to those who will seek their help as a result of the planned, presented messages.

Unlike the program/problem-specific campaigns, many innovative and effective media campaigns could be developed which would present family life at its best, create a knowledge and awareness of good parenting and child rearing techniques and provide information that would be helpful to families and children. These programs can be directed at both adults and children, especially teen-agers who are nearing adulthood. Excellent examples of such media use are the television spots on family life produced by the Church of Jesus Christ of Latter Day Saints, Lutheran and Roman Catholic churches.

There is a need to utilize a variety of public information methodologies to convey the many messages related to families and children. The Task Force recommends:

3.3 that the Department of Social Services develop and implement a plan for the use of a variety of public information methodologies, particularly multi-media campaigns, to communicate supportive messages on family life.

COUNSELLING

Over fifty groups presenting briefs to the Task Force focused on the need for professional counselling services. School boards, municipalities, children's aid societies, services for victims of family violence, and many other groups addressed the important role counselling plays or should play for a variety of target populations. Counselling--to individuals, couples, families, and groups--is a major methodology used in working with a variety of people, from abused children to the perpetrators of abuse. It is a basic tool of social workers and other human service professionals.

Counselling services result in immediate and long-range savings to the human service network. Couples with children, who are enabled to rebuild a troubled marriage, save the system not only immediate Court and possible social assistance costs, but also the future costs involved in providing services to troubled children and adults attempting to cope with the stress of divorce.

The effective functioning of the entire human service network, including Social Services, Health, Education, and Justice depends on the availability of competent counselling services. As well as expecting offenders to seek counselling services for their many problems, the Courts expect child welfare workers to have counselling available as a resource for their protection cases. Lawyers are expected to refer disputing couples for conciliation counselling and/or mediation. Family medicine practitioners are taught to refer patients to community counselling services for non-medical problems. Many academic difficulties faced by students stem from personal problems, the origins of which may lie within the family. Government-funded services such as crisis lines, shelters and social assistance programs function with minimal effectiveness if expert counselling is not readily accessible within the community.

The focus of counselling service delivery should be on families and the individuals making up the family unit. Government-funded counselling agencies should provide family members with a wide range of counselling services for a variety of problems. As well, consultation and support should be made available to other agencies serving the family. Whenever possible, fragmentation of counselling service delivery should be avoided.

Counselling services in and of themselves rarely receive attention in the social service system. There are only two publicly-funded family counselling agencies in Nova Scotia--Family Services of Eastern Nova Scotia, serving the eastern part of the mainland and Cape Breton Island, and Metro Family Service Association of Halifax, Dartmouth, Bedford and Halifax County. Of the thirteen family and children's services agencies, only Colchester and Lunenburg have one full-time family counsellor on staff, while two other agencies each have a part-time Family Counsellor. Obviously, across the Province, there is both sparsity and imbalance in the distribution of counselling services.

The demand for services exceeds the abilities of existing family counselling agencies to respond. As with other service areas which will be discussed later in this Report, increased, qualified staff resources are the prevalent need.

Family, couple and individual counselling is a special skill. Agencies providing such a service should ensure that workers are well trained, appropriately supervised and have access to educational opportunities which will keep them current with new developments. Most importantly, agencies should have service caseloads that are manageable so they are able to meet the needs of the client community. In Nova Scotia, counselling staff often service caseloads twice the size recommended by professional and accreditation bodies.

The Task Force recognizes the importance and role of counselling services in relation to prevention, and recommends:

3.4 that counselling services be recognized as essential services, funded by government, and be made available throughout Nova Scotia in co-operation with existing family and children's services agencies and organizations.

MEDIATION

Not considered part of traditional counselling services, mediation is an emerging tool for resolving contentious family issues during divorce proceedings.

Several briefs specifically examined the need for mediation services in Nova Scotia, and a few perceived such services as being appropriately included as part of a publicly-funded Family Court System. The Task Force heard strong and emotional pleas for mediation services.

In Nova Scotia, divorce mediation services are provided, for the most part, by private practitioners from a variety of professional backgrounds. Those couples seeking divorce who require or desire such services are most often referred to them by their lawyers.

Separation and divorce result in trauma for all individuals concerned - adults and children. Mediation offers a method for the couple to amicably agree out of Court, on such matters as custody and visitation rights in regard to the children, thereby reducing the trauma involved in divorce.

Both the Panel and the Task Force viewed mediation services as a valid part of the structure of a generalist family counselling agency. Although supportive of the concept of mediation, the Task Force believes the move towards development of a province-wide system of mediation services can only begin after other and more pressing needs in family and children's services have been met.

HOMEMAKERS SERVICES

In 1978, the Department of Social Services initiated a homemakers services program with several goals in mind, including the support of families at risk or in crisis. Today eighty-five percent of the program's clients are the elderly and/or disabled. This has resulted in a severe restriction of the time and resources

available to help young parents and families strengthen the skills needed for improving the social health of the family.

There are a variety of family situations in which a trained person, whether a teaching homemaker or a family skills worker, is required to teach and show parents, through practical demonstration, such basics as how to care for children, prepare nutritious meals and purchase nutritional food on a restricted budget. Such staff, working under the guidance of a professional, provide a cost-effective way to help families in trouble and are an essential part of preventive services. One municipal official stated that the homemakers program is the most cost-effective program available to municipalities in the social services system today.

Teaching homemakers, basic to primary preventive social work, are becoming increasingly recognized as an essential and integral element in the preventive work of family and children's services agencies. The Panel on Services to Families affirmed the value of this service.

Homemakers services for families at risk or in crisis often require that the homemaker also care for the individual's or family's daily needs while a learning or re-learning process takes place. In some situations, such sustaining support may be required for a long time. The emphasis of such service, however, focuses on encouraging and motivating the individual or family towards increased independence and personal responsibility.

The Task Force believes that teaching homemakers have an unlimited value in the area of prevention and are an important component of a comprehensive family and children's services delivery system. Therefore, the Task Force recommends:

3.5 that

(a) teaching homemaker services be funded as part of the core budgets of family and children's services agencies; and

(b) family and children's services agencies currently offering homemaker programs be assisted to expand these programs.

DAY CARE

The Task Force was not mandated to do an in-depth study of day care so its remarks will be directed toward day care as part of the total system of social supports for families.

Currently, the cost to the Provincial Government for day care services for children is approximately $5.5 million. This money is paid to forty-eight registered, subsidized day care facilities; approximately 1,958 children are being provided with subsidized care, amounting to an approximate expenditure of $2,808 per child per year in day care.

Despite the significant commitment by Government in the provision of subsidies for day care services, the availability of quality, affordable day care is still a major concern for many parents. The Task Force was advised that many families today must accept inferior child care arrangements. The reasons include a shortage of quality day care, limited financial resources on the part of many families, and the special needs of parents such as those who work shifts.

Several briefs reported that there are waiting lists for day care in a number of areas, especially in the Halifax/Dartmouth Metropolitan region. This obviously poses a difficult problem for a number of parents.

Day care is one of the external supports which can complement the efforts of families to carry out their child rearing function. It provides an opportune setting for the early identification of problems with children and the use of effective remedial techniques.

For families with disabled youngsters, day care can provide a respite to the caregiver. The stress of caring for a disabled child, without a break, often has a deleterious effect on the family. Day Care, used as a respite, may not only

relieve the stress of twenty-four-hour care, but provide an opportunity for further socialization of the child.

In the opinion of the Task Force, children who suffer from neglect or abuse, or who are in crisis, often have their first positive experiences with other children and adults in a day care centre. The impact of such experiences on the child can create more healthy growth.

If society's objective is to keep families together, then day care is essential for the single parent who works, for families who are in crisis, for children who need parental care supplemented, and for a number of similar family situations. To meet the needs of these families and children, day care must be responsive and flexible in terms of hours and accessible in terms of location, cost and availability.

Both the Panel and Task Force believe better linkages must be developed between the traditional child welfare system and day care services to utilize the day care system to the best advantage. A beginning might be made by authorizing and funding the daily cost of one emergency seat for the use of children's services agencies in each of the forty-eight registered subsidized centres. This seat would be funded on the understanding that it would only be used with child protection cases, and that a plan to utilize day care on a long-term basis would require an agency to seek admission to the Day Care Centre and to fund the cost in the normal manner.

Therefore, the Task Force recommends:

3.6 that

(a) day care services for children be more flexible in meeting family needs, including respite care, shift work, part-time work, after-school care, and family crisis; and

(b) more subsidized day care be developed for all children in high risk situations who live in areas of the province where there are currently waiting lists.

INCOME MAINTENANCE PROGRAMS

> "The principle of public welfare is as old as civilization itself. As far back in history as we would care to go there are customs and traditions which control relationships and which specifically lay down the foundation of man's charity to his fellow man." (MacKinnon, 1958).

It is not within the Terms of Reference of this Task Force to examine Federal programs or undertake a close and detailed scrutiny of Nova Scotia's major income assistance programs, Family Benefits and Municipal Social Assistance. Nevertheless, it is necessary to address the latter two programs and their relationship to services to families. Earlier in this report, prevention services and other services to families and children were discussed. The Task Force is, however, cognizant of the fact that the services discussed will be of little benefit to economically deprived families and individuals who do not have sufficient income to meet basic needs, and whose attentions are focused on survival. The Task Force believes that good, adequate income-maintenance programs are major sources of prevention in the sense that they mitigate poverty and its inherent stresses, thereby alleviating some of the causes of such social problems as family violence, family breakdown and child abuse.

Two of the basic tenets of the social assistance system, and the very reason for its being, are the right of those in need to the basic necessities of life - food, shelter and clothing--and the responsibility of government to provide adequate income to meet those needs. Today there are many Federal, Provincial and Municipal programs which were designed either to enhance the incomes of families or to ensure sufficient income for individuals and families to meet their basic requirements. The adequacy of assistance programs, however, continues to be a subject of study and debate. Considering the value and responsibility that society places on the family, it should be a given that society provide for families who are at a disadvantage economically. Unfortunately, there are problems with social assistance and family maintenance which undermine the intent of social assistance programs to provide a quality environment in which to raise children.

Some of the problems identified are summarized as follow:

1. The level of benefits provided does not meet needs adequately.

In comparison with Statistics Canada's poverty line of an annual income of $11,850 for a two-person family in 1985, a single mother in Nova Scotia receives $8,100 per year ($673 per month) in Family Benefits. On Municipal Assistance she would receive an average of approximately $5,220 per year ($435 per month).

As recently as March, 1986 the Social Planning Council of Metropolitan Toronto published a study of social assistance rates across Canada, entitled Welfare Benefits: An Inter-Provincial Comparison, 1985. According to the study, Nova Scotia ranked between third and fifth (depending on the area examined--shelter, food allowance) in the country, in relation to its long-term benefit program (Family Benefits); its short-term program (Municipal Social Assistance), on the other hand, was found to be among the least adequate in the country, in terms of providing an adequate level of income for families.

2. There is a lack of consideration regarding special needs items which seriously affect families:

The Task Force heard reports about municipalities which, constrained by the money available in their budgets, have cut back on special needs items. In other words, there is no money available to pay for such items as eye glasses for a child who needs them, or a medically-prescribed appliance, both of which would have a significant impact on a child's health and functioning.

3. There are discrepancies in municipal social assistance rates from one municipality to the other.

One of the briefs presented recommended that the Provincial Government assume the responsibility for assistance, removing it from municipalities. In part, the argument to do so was based on the fact

that if you live immediately on either side of a county line in Nova Scotia and you are a family in need, you could receive $300 more or less in social assistance each month, depending on which side of the line you are on.

4. Benefits paid to a parent on behalf of her children are cancelled when they come into Voluntary Care:

   The portion of Family Benefits allocated to the child is not maintained, so that families who wish to have their child home for weekends, for a trial period leading toward a total reuniting of the family, etc., do not have the money to provide for them. As was expressed to the Task Force, the parents are in a no-win situation, not able to meet their own very basic needs or possibly plan for the return of their child.

5. The training allowance and work incentive allowance are insufficient.

   For a person on provincial assistance, the $200 employment incentive may not even cover babysitting expenses. Thus, there is little incentive to become self-supporting.

The litany of inequities and ills in the assistance systems could be continued. As long as they exist to the extent that they do, the stresses and strains of survival will continue to take their toll in family dysfunction, child abuse and family violence; families and children will continue to suffer, and the family and children's services system will be assured of an unending source of clientele.

Family Benefits and Municipal Social Assistance should play a major role in keeping families together. Payments under both programs must be reviewed to ensure they are sufficient to maintain an adequate standard of living, above the poverty line. A special needs item must be re-established in the Family Benefits program and clarified as an essential component of both programs, rather than offered on a discretionary basis as provincial and municipal budgets permit.

In fact, both programs require major readjustments or changes. The Task Force, therefore, recommends:

3.7 that changes be undertaken to ensure that the Family Benefits and Municipal Social Assistance programs are more responsive to family needs and better able to provide sufficient income to meet those needs.

HOUSING

Contiguous with the provision of adequate income is the problem of adequate and affordable housing. Both are necessary to the well-being and health of a family.

Counsellors, educators, doctors, and others within the general network of family service workers recognize the dilemma of attempting to assist clients who fear eviction, are unable to meet rent payments, live in substandard and/or overcrowded houses, or room in temporary shelters. The unavailability of safe, suitable, affordable housing has become a major issue for many Nova Scotians, especially those who have young children.

There is little doubt that an unsuitable dwelling place is, in and of itself, a serious stressor on all residents. A recent Ontario study found that families with jobs and good housing in stable neighbourhoods account for few cases of child abuse and neglect. Clearly, if affordable housing, in good repair and appropriate to family size, is not available, then families are forced to live in substandard and overcrowded conditions. Such circumstances cause stress for families and contribute to family breakdown, child neglect and other social ills. Many women and children remain in abusive situations because of the unavailability of affordable rental housing that accepts children.

The availability of decent, affordable, appropriate housing would not, by itself, eliminate all problems for those suffering from a myriad of economic and social problems in addition to their housing difficulties. For large segments of the population, the lack of any kind of affordable housing is the problem, while for others, a decent, secure, affordable residential situation would go a long way

towards restoring normality to their lives. There are also those with various personal and family problems that can be directly attributed to the uprooting experiences of losing a stable residence and being forced to reside within the temporary shelter network for weeks, months and even longer.

Through its own Family Benefits program, and the Municipal Assistance Program which it monitors and supports financially, the Department of Social Services may itself be contributing to the housing crises being experienced by families, particularly in urban areas. The Shelter Allowances paid in the Family Benefits Program are $395 for a family of one, $433 for a family of two and $473 for a family of three or more. In the Municipal Assistance Program, shelter allowances can vary from $280 to $473. These allowances are often inadequate, particularly in the urban/metropolitan areas of the province, to cover the actual shelter costs of decent housing with the result that families may use food and clothing allowances to pay shelter costs, or may live in squalid conditions because nothing else is affordable. The Department of Social Services has recently introduced an experimental program, in co-operation with the Department of Housing, to assist recipients of Family Benefits to obtain housing. The Task Force understands this program is to be carefully analyzed and used as a benchmark in planning future initiatives. This is a good beginning; yet, as with other things, more is required.

The Task Force believes that the quality of life enjoyed by families is closely related to the availability of appropriate, affordable, suitable housing arrangements, and recommends:

3.8 that Family Benefits and Municipal Social Assistance allowances for shelter costs more accurately reflect the cost of shelter, particularly in urban areas of the Province.

FAMILY MAINTENANCE

Any discussion of Family Benefits and Municipal Assistance must, of necessity, lead to a discussion of maintenance payments ordered by the Family

Court under the Family Maintenance Act. These three systems are interactive in the amount of living and child support allowances clients may or may not receive in any given month.

Briefs to the Task Force addressing family maintenance espoused the following views:

- A parent not directly responsible for the care and custody of his/her children has a responsibility for their financial support.

- The Family Court must ensure that parental responsibility in this regard is fully met in relation to the capacity of the parent to pay.

- The needs of children must be considered of primary importance and be reflected in the amount of maintenance ordered; this means that there must be consistency amongst Judges of the Family Court in ordering maintenance and that such orders must be based on the best interests of the child.

  As was stated in one brief, realistic and uniform maintenance awards are desirable and should reflect scales of reasonable child care expenses.

- Maintenance orders must be enforced; a computerized system for monitoring maintenance payments, improved enforcement legislation and services to trace spouses who do not honour their court orders should be developed. The Task Force understands work is now being done in this area by the Department of Social Services, and supports these endeavors.

In addition to these viewpoints, the Task Force was told of the frustration many women face in their attempts to obtain maintenance payments and provide for their children. If a woman on Family Benefits or Municipal Assistance does not receive her maintenance payments, she is forced to struggle with two frustrating systems - the Social Assistance system and the Family Court system.

When a woman is receiving Family Benefits and her Court-ordered maintenance payment is in arrears, she must prove to the Family Benefits Division of the Department of Social Services that she has initiated an action in the Family Court before her Family Benefits can be adjusted. Although the Family Benefits Division has the ability to make adjustments to Family Benefits payments to reflect unpaid maintenance, a woman in this situation fequently has to struggle to provide for her family on a reduced income until the payment is made. As well, the process may have to be repeated month after month if the maintenance payments continue to be in arrears. This results in continual worry, increased stress and a monthly process that can be confusing, embarrassing and dehumanizing for a person who is, at the best of times, struggling to survive with her children.

The system for the enforcement of maintenance orders is generally dependent on having the defaulting spouse respond to mailed requests for payment or summonses ordering his appearance in Court. Where warrants are issued, the speed with which they are served on the defaulting spouse is dependent on law enforcement officials who may have hundreds of other warrants to serve. So the wife must wait, and, in the meantime, try to obtain municipal social assistance to make up the difference in her income, or ask for an adjustment to her Family Benefits payment. Through all of this, children may be hungry, inadequately dressed and without other necessities.

There are, then, some serious short- and long-term consequences for the woman who finds herself in this predicament. Briefly, a few of these are:

- A situation is created in which it is impossible to plan monthly finances and expenditures.

- The woman is unable to maintain consistent attendance at work or in a training program because of the frequent absences required to attend repeated Court hearings. This decreases her ability to achieve or work toward independence, and therefore, can lead to a longer dependence on social assistance.

- The woman may have to approach the municipal unit for assistance on a temporary basis, involving another element in an already complex scenario.

- The children in this family situation suffer too, particularly if there is insufficient money for clothing, food or special needs. Only in the years ahead will society feel the impact of their suffering, which is often eventually expressed in family violence, delinquency, mental illness, abuse, and perpetuation of a cycle of poverty.

The Panel on Services to Families recommended that an assignment of maintenance program for recipients of Family Benefits be developed in Nova Scotia. An assignment of maintenance program would mean that the maintenance order would be paid to the Province and enforced by the Province, but not charged as income in the calculation of the woman's Family Benefits payment. Such a program would at least guarantee a predictable monthly income.

An assignment of maintenance program is not a new concept for Nova Scotia, having been tried for several years as a pilot project in the Family Court in Sydney, where it has worked successfully for many women. There has, however, been reticence on the part of government to develop a province-wide assignment of maintenance program. The most prominent reason for this reticence appears to be the fear that Courts will not order maintenance amounts in very large sums when they know the money is being paid to the Province. However, neither is there incentive to order large maintenance payments under the present system where maintenance payments are made to the mother and charged against her family benefits - often to her detriment, because the possibility of collecting the money is dubious.

As the system is structured now, a woman has a lot to lose in advising the court of her husband's or ex-husband's whereabouts or in trying to find out information about him because she is then required to make efforts to obtain money from him and, once again, face the erratic nature of his payments. She will, undoubtedly, also have to maintain contact with him, something she may

not wish to do. With an assignment of maintenance program and a government enforcement system, the woman would have nothing to lose by keeping the government informed about her husband, his income and his whereabouts.

For the most part, the Task Force believes that women feel their spouses or ex-spouses have an obligation to provide support. The Task Force believes that a better maintenance system is both possible and necessary and recommends:

3.9 that the Minister of Social Services implement an assignment of maintenance program for recipients of Family Benefits, and ensure appropriate enforcement of the assigned orders.

FAMILY COURT

Since the first Court was established in 1965, the Family Court for the Province of Nova Scotia has grown to the point where today there are thirteen permanent Court locations, eight satellite locations and two locations where Court is held on a less regular basis. There are fourteen full-time Judges. The Court exerts an extensive and vital influence on the lives of many families and children in Nova Scotia, and no analysis of Family and Children's Services would be complete without a discussion of the Family Court.

A review of the 1985/86 statistics relating to Family Court matters indicates the very significant role that the Family Court plays in the scheme of Family and Children's Services in Nova Scotia. For example, there were 392 children believed to be in need of protection who were apprehended and brought before the Family Court and 12,761 hearings concerning actions under the Family Maintenance Act.

The Family Court of Nova Scotia performs three functions: social, which includes intake, counselling, the preparation of social reports for the Court, and young offenders services (age 12-15 inclusive); enforcement of Court orders; and judicial, including serving as a Youth Court.

In an effort to be thorough and complete in its analysis, the Task Force, along with the Panels on Legislation, Child Abuse and Family Violence, extended invitations to the Chief Judges of the Family Court, the Trial Division of the County Court and the Appeal Division of the Supreme Court to make a presentation to them. One family Court judge sent written comments and other judges made informal comments concerning certain aspects of child welfare services - all of which were helpful in this exercise. While the judiciary felt uniformly that their judicial independence and the need for judicial restraint precluded them from expressing views on government policy, programs or proposed legislation to the Task Force or Panels, they did, however, express interest and support for the Task Force. In addition, His Honour, Judge Vernon MacDonald served as a member of the Panel on Legislation.

The Task Force did hear about the Family Court from agencies and individuals who spoke from first-hand knowledge and experience of the problems they encountered in the Family Court. Their comments about the Family Court's responsiveness and sensitivity to families and individuals who appeared before it were not complimentary. This was particularly true in relation to matters relating to spousal violence. Spokespersons from across the Province portrayed a judiciary which was insensitive to the phenomenon of wife battering, unsympathetic to the abused woman and ineffective in its ability to provide protection for the woman and her children so as to effectively deter the perpetrator from further abusive actions.

In addition to these problems, frustration was experienced in obtaining a Court date in a timely way, resulting in women seeking refuge in transition houses for longer periods than might otherwise have been necessary if a Court date had been obtained more quickly.

Even when a battered wife was successful in obtaining a peace bond, the actual effectiveness of that peace bond in relation to the protection of the woman and her children varied greatly, depending upon the attitude of the particular law enforcement agency responsible for the enforcement of the Order. While the Task Force is not in a position to comment on the law enforcement process in this Province, it suspects that some of the differences in the

enforcement of peace bonds may be related to the way in which judges deal with individuals who are returned to court for breach of peace bonds. It is interesting to note that, in 1984-85, there were 263 actions commenced in the Family Court under Section 745 of the Criminal Code relating to recognizance to keep the peace, and only twenty-three actions in failure to comply with recognizances. The Task Force was told that when men are returned to Court for failure to comply with a recognizance, the Court rarely incarcerates the offenders and usually re-issues a recognizance. This makes the enforcement of these recognizances a frustrating experience for police officials and the victim.

The initial vision of the Family Court was that of an extension of a counselling service - a service with the power to enforce its orders through a legal mechanism, while retaining an informal approach to family problems; a service that could counsel people while helping them find solutions to their problems. As such, the Family Court was considered an integral part of the Family and Children's Services system and viewed by many as part of the treatment process.

Except where it functions as a Youth Court, the reality of the Family Court in 1986 differs significantly from its early years. The Family Court is a Court for judicial consideration, and the non-adversarial counselling functions are not a significant part of the Court's workload. The major work of the Family Court is directed toward the judicial determination of matters and the enforcement of maintenance orders. Its role, then, is primarily a legalistic one where parties present themselves to the Court with certain legal issues to be determined.

Regardless of the changes which have occurred in the Family Court, the staff of family and children's services agencies, as well as the public, still perceive it as part of the continuum of child welfare services. This is particularly noticeable in the use by some agencies of the provisions of Section 44 of the Children's Services Act. Under this section, the Court can be asked to use its authority to persuade families to co-operate with child welfare authorities.

The continuing practice by social agencies of allowing staff to plead child welfare cases without the aid of legal counsel also stems from the view of the Family Court as a non-adversarial entity, leading to increasing frustration among all concerned. Staff who are faced with opposing legal counsel are subjected to unnecessary stress in trying to match the legal expertise of a trained lawyer, while addressing what they think will provide for the best interests of their client, the child.

It is outside the parameters of this Task Force to try to determine whether or not the changes which have occurred in the Family Court mean that the Court now serves families and children better than when it acted as a Court of conciliation. Many agencies have expressed, and will continue to express their concern about the Family Court as it continues to become more a Court of legal, rather than social, concern.

The Task Force also believes it is beyond its mandate to investigate the conduct and execution of functions of the Family Court and its judiciary. There were, nevertheless, comments made to the Task Force on the need for the members of the judiciary to have a broader knowledge and understanding of child development, human growth and behaviour, and of specific social problems such as marriage breakdown, family violence and child abuse. Professional development is essential to all professionals and the judiciary is no exception. In fact, some members of the Family Court judiciary now regularly participate in professional development events in an attempt to increase their knowledge.

Without presumption, the Task Force recommends:

3.10 that the Chief Judge of the Family Court be allocated sufficient funds to conduct and enhance the current professional development sessions for the Family Court Judiciary, and that those sessions include an examination of the Court's role in dealing with family crisis, and a study of the trends and social conditions of the time.

The importance of the Family Court, along with its judiciary to the families and children who appear before it, is evident in the effect that the

Court has on their lives. It is paramount to the effective functioning of the Court that every effort be made to continually enhance the Court so that the respect and confidence of the public will be maintained. The Task Force believes the judiciary is committed to the provision of fair, effective and efficient service to clients, and it is in this vein that the recommendation on professional development has been made.

SUMMARY

Prevention is vital if the family and family life is to be maintained. The forms of prevention, like the family, are many and varied, but each plays a vital role in the spectrum of services to families and children.

The preservation of the family and family life is the responsibility of society as a whole. This is not an easy responsibility to carry out, even though few people would disagree with the premise. In this chapter the Task Force has just begun to address the horrendous problems which affect the well-being of children and their families. The reader who has been adding up the price tag of the recommendations will find the cost is already high. The cost of not responding is even higher if counted, not in dollars, but in the wastage of human beings.

CHAPTER IV

SERVICES TO HANDICAPPED CHILDREN

SERVICES TO HANDICAPPED CHILDREN

INTRODUCTION

Part of the Task Force's mandate was to examine services to mentally handicapped children, and their present and future relationship to other services to families and children. In response, the Task Force will also address some of the service needs of severely physically handicapped and multiply-handicapped children.

Parents of mentally and/or physically handicapped children spoke eloquently and poignantly of their experiences in caring for their children and in obtaining the services they require. Task Force members were touched by the commitment and strength of these parents and their sense of purpose in doing what they felt was in the best interests of both their handicapped children and their families.

Currently, the Department of Social Services offers a variety of services to mentally handicapped children - four Children's Training Centres, the Nova Scotia Youth Training Centre, special subsidized day care placements, respite care, homemaker services, and in-home support on a limited basis. In recent years, particular emphasis has been placed on the development of community services. Consequently, the population of the institutions is declining, and the trend toward providing in-home support services or local community-based services is becoming the primary service model.

The Task Force heard exhortations from some organizations to close the institutions completely and move toward the full integration of mentally handicapped children into society. As well, the Task Force listened to parents, some of whom have children in the institutions, pleading that a more balanced approach be taken; an approach that would provide them with choices, by maintaining some institutional services, while at the same time recognizing the importance of developing and expanding in-home supports and community-based services. Although the in-home and community-based services will be highlighted in this section of the Report, the Task Force wishes to unequivocally

state its support for the parents in their desire to have a range and mix of institutional and community-based options available to them and their children.

EARLY INTERVENTION PROGRAMS

The Task Force was often told of the need for early intervention programs for mentally/physically, multiply-handicapped children and developmentally-delayed or at-risk children. These programs, which begin at as early an age as possible (usually infancy), are delivered in the child's own home, a centre-based day program or a combination thereof. They provide parents with a better understanding of their child's handicaps, teach them methods to help maximize their child's abilities, increase the potential for integration of the handicapped child in the community, and reduce the likelihood of expensive institutional care. Such services are presently offered on a limited basis in Nova Scotia by community groups with few financial resources.

The Task Force believes early intervention programs are preventive because they lessen parental stress and provide handicapped children with services early in their lives. In doing so, they may allow for greater independence later on or decrease the need for more costly services. Approximately seven such programs are now operating in the Province. The Task Force recommends:

4.1 that

(a) funding be initiated for early intervention programs; and

(b) province-wide standards and guidelines be established for their operation.

IN-HOME SUPPORT PROGRAMS

Started in 1981 under the aegis of the Department's Services for Mentally Handicapped, the In-Home Support Program is rapidly expanding. Currently, the

Program serves fifty mentally and/or physically handicapped children in their own homes. To be eligible, the family must qualify for the Federal Child Tax Credit, and the child must be eligible for admission to a children's training centre or a nursing home. If these criteria are met, the parents will receive up to $300 a month to defray the cost of such items as drugs, medical supplies, respite care, and transportation to and from medical appointments. The income guidelines are generous in that the program treats the Child Tax Credit level as net income in determining eligibility. This means that a family of three (two parents and one qualifying child), with an annual net income of $41,660 in 1986, would be eligible for assistance.

As with all programs which are income-tested, problems arise when a family is just over the income cut-off point or quite a bit over but encountering heavy expenses related to the child's special needs. The financial eligibility criteria do not take into consideration the cost of meeting the special requirements.

The Task Force perceives the In-Home Support Program as being of immeasurable value for parents who are caring for their disabled child at home. As more parents choose to have their children remain with them, the program will have to expand even further.

The Department is currently conducting an internal examination of its services to mentally handicapped children, particularly the future of the institutions. The Task Force believes that, as the populations of the facilities continue to decline, their staff resources could, in part, be utilized to contribute to an expansion of early intervention and in-home support programs. This is now occurring to some extent, and should continue. The Task Force, therefore, recommends:

4.2 that the Department of Social Services undertake the expansion of in-home support programs for handicapped children.

DEPARTMENTAL INTEGRATION OF SERVICES

The Task Force, along with the Panel on Services to Families, appreciates the expressed wish of parents and advocacy groups that mentally handicapped children be treated as children first - not handicapped and not segregated. Services offered to mentally handicapped children by the Department of Social Services are under the auspices of an adult-oriented Division and not the Family and Children's Services Division which serves other children and their families. The Task Force believes integration should begin within the Department, and recommends:

4.3 that all services and facilities for mentally handicapped children become part of the Family and Children's Services Division of the Department of Social Services.

CHAPTER V

FAMILY VIOLENCE

FAMILY VIOLENCE

VIOLENCE IN SOCIETY

One has only to pick up a newspaper or magazine, or turn on a radio or television set to hear, read or see acts of violence. The media offers a continuous barrage of programming which depicts the stark realities of violence in its myriad forms, ranging from war and terrorism to acts of child abuse and spousal abuse. At the turn of a dial, television and video movies enable viewers, including children, to watch violent events in the comfort of their homes. Whether real or staged as entertainment, violence permeates society, touching the daily life of every individual.

One of the briefs to the Task Force noted that a great deal of effort and attention today is focused on fostering an "instant gratification ethic" encompassing not only a demand for fast food, instant money and rapid information, but also the desire to have emotional needs and wants fulfilled immediately and completely (Sydney Area Ministerial Association). When such a "quick fix" is not available - particularly in situations already filled with stress as a result of unemployment, economic hardship and a lack of human and tangible supports - violence often erupts.

Incessant portrayals of violence help convey the message of the "quick fix". In other words, as violence becomes perceived as a normal and acceptable method to resolve problems, society's tolerance for violent behaviour increases (Baker, ed., 1984:105). For certain vulnerable, high-risk individuals and groups who already have tendencies toward violent behaviour, the messages conveyed may increase the likelihood or incidence of their violent acts.

Acts of physical violence are only one form of violent behaviour. Psychological, social, emotional, and economic factors may accompany physically violent acts or may individually constitute a separate identifiable, abusive type of behaviour. To be a victim of violence, therefore, may mean being physically battered, sexually abused or threatened within or outside the family. It may mean being deliberately deprived of money, or the necessities of life. It may also mean, among other things, being denigrated as an individual, as

is vividly portrayed in the National Film Board presentation, "Killing Us Softly: Image of Women, 1979".

The violent nature of society in general is reflected in violent behaviour in families. Although there may be only one identified victim in a family unit, the violent actions affect all members of the family.

The pervasive nature of family violence has serious implications for society and, more specifically, for the family and children's services system. Perhaps, then, it is not surprising that social agencies are concerned about and alarmed by the high incidence of family violence coming to their attention.

VIOLENCE IN FAMILIES

Violence in families is not a phenomenon solely of the twentieth century; in fact, the attitudes and traditions in which it is rooted date back much further, and understanding them requires a brief, historical explanation.

Prior to the nineteenth century, it was considered the husband's obligation to control, correct and manage his wife and children through the use of physical force (Dobash and Dobash, 1979; Martin, 1976). The law allowed the moderate and reasonable use of violence within the family. Upon marriage a woman's legal identity merged with her husband's; she became his property, as did their children. As long as the husband did not go beyond certain tacitly agreed upon limits, there was little community objection or intervention.

Violence was considered a family matter, best kept within the family unit. It was hidden away from public view, and a mantle of silence drawn around it. The attitudes that prevailed throughout the centuries became entrenched and were passed on from generation to generation.

It was only in the late nineteenth century that a glimmer of change became apparent. That was when wife-assault was first prohibited under British and United States law. Canada followed the British tradition, but it was not until 1968 that major changes to the law reflected a significant shift in public attitudes toward family violence. In that year, the law was changed so that a

spouse could be granted a divorce on the grounds of physical cruelty. Fifteen years later, in 1983, the law was amended again so that a husband could be legally charged with sexually assaulting his wife.

Regardless of the changes which have occurred, vestiges of past attitudes and values remain today, overshadowing the manner in which society responds to family violence.

It has been said that "... the paradoxical nature of family relationships, the very factors that make intimacy between family members possible, also make violence between family members likely. In the emotional, as well as in all other dimensions of familial relationships, intensity of interaction ranges from one extreme to the other" (Eichler, 1983:57). So, although the most prevalent concept of family may be that of a caring, warm, loving, and supportive environment, the family can also be a place of destructiveness and hostility. Family violence, then, can be defined as abusive behaviour involving some form of coercion, punishment or violent expression of feelings manifested within the family unit through the interaction of family members.

What follows in this chapter is a brief look at one form of family violence, spousal abuse, particularly wife abuse and its ramifications.

WIFE ABUSE - AN INTRODUCTION

"Everyday, in every community, in every part of this country .. women are being beaten by their husbands and partners. These are women who are beaten not by strangers on a dark street, but by the people with whom they share a relationship, supported by the community standard, sanctioned by religious institutions, and bound by law ..." (Standing Committee on Health, Welfare and Social Affairs, 1982:23). Although no single representative survey of wife abuse has been undertaken in Canada, there have been a number of surveys and a compilation of information by transition houses and crisis workers in other situations. The estimates of wife abuse vary from one in ten women who are married or living common-law (MacLeod, 1980:21) to fifty to sixty percent of women in marital-type relationships (Margret Eichler, 1983:55 and Straus, Gelles, Steinmetz, 1980:31).

There is no one causative factor to which wife abuse, or indeed, family violence in general, is attributable. Instead, there are numerous inter-related, complex individual and family experiences and interactions which give rise to violence.

Wife abuse occurs more than once. Statistics indicate that violence tends to worsen over time and that the abuse becomes more severe and more frequent. In a survey of eight transition houses, conducted for the Canadian Advisory Council on the Status of Women, 31 percent of residents answered that they were beaten daily or weekly, while 26 percent were beaten monthly (MacLeod, 1980). As well, violence committed against women is often severe and frequently results in major physical injury, even homicide. In Nova Scotia, in 1983, a woman who had returned to her husband was murdered by him. She had been a resident in a transition house in 1981. This was the second such death of a former resident of that transition house in four and one-half years, and is but one example of the severity and consquences of wife abuse.

According to the Advisory Council's report, medical treatment was required in one-third of the transition homes' battering cases, and of the 107 reported murders in immediate families in Canada in 1975, the wife was killed in 49 cases (Goldman, 1978:11). Furthermore, between 1961 and 1974, 60 percent of all female victims were killed in family settings, more than double the proportion of male victims (Statistics Canada, 85-805E, 1974). The Council estimated that wife battering was annually responsible for one-fifth of the total number of husband-wife murders (MacLeod, 1980:11).

On a national basis, statistics show that approximately 70 percent of wife battering occurs between 5:00 p.m. and 7:00 a.m. on weekends.

In Nova Scotia, a record of distress calls was kept by a variety of helping agencies, including the Police and R.C.M.P., for the period January 1 to June 30, 1986. Although the data was not correlated to weekends, it did reveal that 43.6 percent of the 2,300 distress calls made were received between 5:00 p.m. and 7:00 a.m.

It has been postulated that the higher incidence may occur during these periods because these are the times in which families share their most intimate moments (MacLeod, 1980:11).

Since acts of abuse are usually committed in private places, where it is difficult or even impossible for the woman to flee her attacker, this factor may contribute to the high number of crisis calls that the transition houses receive.

Perhaps one of the least understood and most distressing facts about wife abuse is that its victims often return to their spouses. Frances B. Woods, writes in Living Without Violence that the most talked about, but least understood, stage through which a battered woman passes is moving in or out of the relationship one or more times until she leaves permanently. Woods suggests that there are four conditions which, when they occur, can influence a woman to make the final break. She must fully realize that her life is in danger. She must also realize that her children's emotional and physical health will be permanently damaged. She must have solved some of the reality problems of independent living (parenting, housing, financial survival, physical protection, legal aid). She must have built up her self-esteem and self-confidence to the point that she believes she can live a more satisfying life independently.

The author suggests that the pattern of going in and out of the relationship is the one which most often contributes to the increased lack of support, as well as to the punitive actions and attitudes of helpers of all kinds (police, lawyers, mental health workers, friends, relatives, social workers) toward the battered woman. This, she says, is the stage which causes helpers, friends and others to give up on these women, and to even question whether they contribute to, or ask for, beatings. Recognition of this process as a "natural" pattern in the circumstances will enable both the battered women and the helping professionals involved to work more effectively towards eliminating the violence.

In addition to those factors already discussed, there are several other noteworthy characteristics of wife abuse: It occurs both in urban and rural settings; pregnancy often precipitates the abuse; it is class-less, occurring in all strata of society and at all economic levels; and it is intergenerational, in that

abused children of battered wives are statistically more likely to abuse women in adulthood (Sternmetz, 1977:65).

As has already been noted, the woman who has been assaulted may feel trapped in the violent situation by feelings of dependency, isolation and lack of self-worth. Leaving the situation may, in her eyes, cause more hardship for her children, as she may not be able to support either herself or them. Her turmoil and suffering may be the price she has to pay to keep her family together. If she leaves the abusive situation, those feelings will not disappear; she will carry the scars with her and will need the support and intervention of social agencies to assist her to manage alone.

Given these factors and those already discussed, the implications and effects of family violence are staggering.

WIFE ABUSE IN NOVA SCOTIA

Trying to accurately determine the extent of wife abuse in Nova Scotia was an impossible task, owing to the paucity of statistical data, the way in which data is currently collected and the lack of a central repository for data. Consequently, although the Task Force understands the Department of Social Services has recently developed a new set of data collection forms for transition houses in an attempt to gather standard reliable statistics, the information contained herein had to be gleaned from several sources and from actions taken both by government and the private sector.

Evidence of the marked increase in reports of family violence can be seen in the growth of, and continued demand for, services to battered women and their children.

Over the past seven years, there has been an increased need for transition houses in the Province of Nova Scotia. These houses, providing temporary accommodation and support to emotionally and/or physically battered women and their children, also offer a supportive environment where a woman can consider and discuss alternatives and obtain information and counselling. A few

have a structured child care program and all operate twenty-four hour crisis lines.

In September, 1978, the first transition house in the Province, Bryony House, opened in Halifax. In 1979, it provided shelter to 180 women and 202 children. By year's end 1985, 225 women with 261 children had been served, representing increases of 80 percent and 75 percent respectively.

The next house opened in February, 1981, in Cape Breton, and three and one-half years later, in October 1984, a third house opened in New Glasgow. Two more houses opened in 1985, one in the Annapolis Valley in January, and the other in Yarmouth in February. Together, the five existing houses provided shelter to 593 women and 857 children in 1985. A sixth house is slated to open in Bridgewater, in 1987.

Halifax has two emergency shelters for women and their children, and there are seven distress/crisis lines in operation throughout the Province. Three "safe houses" in the Province serve a maximum of one or two women and their children at a time. Two of these houses are located in areas where there are no transition houses.

The number of distress calls to the transition houses has increased over the past eight years. In 1979, the first full year of operation for any house, there were 640 calls for help. In 1985, that same house received 1,052 calls, an increase of 60.8 percent. There were a total of 2,852 calls received by the five houses in 1985, and 2,135 calls received during the first seven months of 1986.

Calendar year statistics for 1984, from two transition houses, Cape Breton Transition House and Bryony House, showed that approximately 25 percent of the women admitted returned to their spouses. For the calendar year 1985, the percentage varied between 32 percent and 65 percent, depending on which of the houses was examined.

Transition houses reported that the majority of women who use their services are poor, with no visible means of support. These women are obliged to

seek out a means of support - generally Municipal Assistance first, and then Family Benefits. Access to these financial resources is, in most cases, dependent on the woman's laying of charges for maintenance against her husband in Family Court. Women who have been in a battering situation for an extended period of time have low self-esteem and little faith in their ability to live as single parents in safety or to provide for their children. Many have never been allowed to control finances, and therefore, have little faith in their ability to do so. Their concern about their ability to feed and clothe their children makes them vulnerable to fears that they will lose custody. Furthermore, they are faced with a paucity of adequate housing with affordable rent.

The turmoil and insecurities, combined with the hope that the batterer will stop the violence, can sometimes result in several attempts to renew the relationship before a woman is finally willing to face living alone with her children. The briefs to the Task Force indicated that battered women often feel embarrassed and guilty about the abuse they have suffered. They worry that they have caused their mate's anger and violence. They are often caught between fear of and love for their partners. They want to believe that the violence will not happen again, but are afraid that it will. They are afraid to go home, yet they are afraid to begin on their own. They want to tell their children what has happened, yet they want to protect their children from the truth. Most battered women do not feel confident or competent as parents. They have been devalued as human beings, as women and as mothers.

Little has been mentioned to this point of the children who are also trapped in the atmosphere and cycle of violence. All briefs referred to the effects of family violence on the children involved and it is a matter of utmost concern to the Task Force.

In 1981, a survey of ninety-eight Canadian transition houses reported that more than 26,000 children, along with their battered mothers, took refuge there (Vis-A-Vis, Winter, 1985:1-2). Based on a survey return of 63 percent, it can be speculated that the actual number was far higher, involving perhaps as many as 42,000 children. What's more, if those figures are transposed into 1986 statistics, the numbers of children are even greater. As has already been

indicated, the number of children in transition houses in Nova Scotia gives pause for concern; some 857 children were resident in the five transition houses in 1985.

Generally, children of battered women have seen their mothers abused. Of the 224 children who entered Bryony House from August 1, 1984 to July 31, 1985, 195 of them had watched their mothers being assaulted. Thirty percent had been abused themselves, some as a result of trying to protect their mothers or trying to calm their fathers. While they may not have been the primary targets of violence, they were hurt. Some women leave abusive men following the first violent episode in which their children are harmed; but, even if the children have escaped physical abuse, they are affected emotionally.

The Task Force was told that the children who arrive at shelters appear anxious, fearful, confused, and sad. They often feel guilty, believing that they are somehow responsible for what has happened. Some complain of headaches and stomach aches, some have nightmares and sleeping difficulties reverting to bed-wetting, and some return to behaviors they had outgrown. Many, afraid to be alone or to be separated from their mothers, develop problems in school.

A brief from Colchester Victims of Family Violence Association noted the following:

> "... children have sometimes been forced to be mother's helper and to carry out tasks beyond their capabilities. Some are observed to be withdrawn, submissive and developmentally delayed in speech, physical coordination and social skills. Other mimic the male role and exhibit a lot of aggression and ability to control the people around them. All have received an education in how to cope with fear, verbal abuse, humiliation, and violence."

Leaving home abruptly, often at night and usually after an episode of turmoil and violence, then arriving at an unfamiliar place to live among strangers, is in itself a confusing, frightening and stressful experience. When one adds to this the child's separation from father, friends, school, and everything familiar, as well as fear and uncertainty about what will happen in the future, the need for services for these children is apparent.

Certainly there is widespread concern that these children already view, or may come to view, battering and being battered as "normal" family patterns; that they may learn that violence is appropriate in conflict resolution, and that they may carry this into their adult lives, into their marriages or partnerships and into their relationship with their children.

In addition to the children coming to transition houses, there are many more who, like their battered mothers, remain hidden as victims of family violence. Some appear on the protection caseloads of child welfare agencies or are seen at mental health clinics, counselling agencies and child guidance centres, usually after they exhibit some form of acting-out behavior and are identified as problem children. Others are observed by teachers, guidance counsellors, and day care workers who may suspect the nature of home conditions but are unable to confirm it. These children are perhaps less fortunate that those who arrive at a transition house because the violence in their lives remains hidden - a family secret not to be discussed. It is, therefore, impossible to deal directly with the effects of violence on these children.

Research in this area is just beginning. From existing studies and experiences, it is impossible to accurately predict the extent to which children from battering relationships will batter or be battered as adults. Some of the available literature suggests that the abused children of battered wives are statistically more likely to abuse in adulthood. In Behind Closed Doors, Violence in the American Family (Straus, Murray A., Richard J. Gilles and Suzanne K. Steimetz, Anchor Press/Doubleday: 1980) the authors suggest that "each generation learns to be violent by being a participant in a violent family." In Wife Battering in Canada, Linda MacLeod reports that statistics gathered from transition houses show that 50 percent of batterers interviewed by transition houses had been beaten as children.

The perpetrator of the violence also pays the penalty with his own turmoil and suffering. For him, society has little understanding or sympathy, and few, if any, services to help him break the cycle of violence that he has begun. Unless intervention is successful, he may lose his wife and his children, and may gain

the disdain of his peers, family, colleagues, and community. He may also acquire a criminal record.

Societal costs are seen not only in the resulting emotional and physical harm to family members and the diminished quality of family life, but in the provision of social, health and legal services. Family violence is a burden which will continue to grow unless aggressive intervention takes place.

In response to wife battering in the Province, the Nova Scotia government has, in the last few years, undertaken several initiatives. Very briefly these are:

- On January 1, 1983, the funding formula for transition houses was changed to its current structure to ease the financial strain on the facilities.

  Seventy-five percent of the approved budgets for transition houses are paid directly by the Department of Social Services to each facility. The remaining twenty-five percent must be guaranteed by the transition house's sponsoring body either from municipalities or from private sources.

- In February, 1983, the Minister of Social Services established a Committee on Family Violence to examine the problem and determine how to combat it. Chaired by the Minister himself, the Committee is comprised of representatives of the transition and safe houses, the Departments of the Attorney General, Social Services and Housing, the Policy Board, the Nova Scotia Advisory Council on the Status of Women, the Nova Scotia Police Commission, the RCMP, Police Chiefs of Nova Scotia, social work departments of metro hospitals, the Registered Nurses Association of Nova Scotia, and Services for Sexual Assault Victims. The committee has been instrumental in increasing public awareness of the problem of wife battering in Nova Scotia, as well as in providing a vehicle for cooperation between the government and community groups and organizations.

- On March 5, 1985, the Attorney General of Nova Scotia issued a directive to Chiefs of Police, the RCMP and Prosecuting Officers with regard to the handling of family disturbances and assaults. This directive was of particular significance in that it provided for the laying of a charge by the police, regardless of the complainant's wishes, where there is sufficient evidence to support a charge under Sections 245(a), 245.1, 245.2, 245.3, 246.1, 246.2, or 246.3 of the Criminal Code (assault sections of the Criminal Code).

- In February, 1986, with joint Federal/Provincial funding, a multi-media campaign on wife battering was begun. Directed to battered women, abusers and the public, the campaign's theme was "Wife Battering - Let's Break the Silence." The campaign lasted two months. An evaluation mechanism to determine the effects of the campaign on services and to examine the unmet demands it created has not been completed at the time of writing. However, some indication of the increase in the demand for services can be obtained from the Briefs submitted and presentations made by both the Task Force and the Panel.

Clearly, progress has been made since 1978 in service development, the awareness of wife battering and the extent to which it occurs. How well the factors which contribute to the problem are understood and how far Nova Scotia has actually come in meeting the needs of the battered and their families will be examined in the next few sections of this chapter.

CURRENT NEEDS

The limits of current programs and services and the lack of others were forcefully and clearly addressed in submissions to the Task Force and in presentations to both the Panel and Task Force. Most service providers expressed frustration in trying to meet service demands with scarce, overtaxed resources. In the pages that follow, the Task Force has tried to capture the expressed perceptions and wishes of both service providers and the Panel regarding these needs.

Preventive Services

The Task Force and Panel on Family Violence and Child Abuse heard repeated pleas for a variety of preventive services. Some of the services presently do not exist, or, if they do, are at an embryonic stage. It will take longer to develop and expand some of these services than others, such as public awareness campaigns on existing services.

In order to access services, people must know how to reach them. Emergency telephone numbers should be advertised on a regional basis. This was done as part of the campaign on wife battering but needs to be repeated periodically.

Further public awareness campaigns were also viewed as desirable, particularly if they are directed toward educating the community about family violence and ways in which society and families can deal with it. As with other media campaigns, the Task Force cautions that, unless services are equipped to respond to the ensuing demands, service providers, battered women and others will experience added frustration.

Another approach to prevention and one particularly addressed by the Panel, is family life education and life skills programming in the schools. Such programs, by providing opportunities to focus on positive growth and family relationships, were viewed as the most effective way to change attitudes and values and to prevent future violent behaviours. The Task Force has already discussed Family Life Education in the schools and supports the Panel in its views on this subject.

The need for educational programming is not limited to the schools. Some of the problems currently experienced by battered wives who are utilizing services are due to the negative attitudes of some of the professionals they encounter. Training must be conducted with professional groups - e.g., doctors, lawyers, social workers, police - who become involved with these women. Again, some training has taken place, but more is required and should be offered on a continuous basis, either to separate professional groups or, preferably, on a multi-disciplinary basis.

Counselling and Related Services

Besides counselling, there are several services such as support groups, self-help groups, and treatment services which have a counselling component and which the Task Force has chosen to include within that general designation. These are services which have been identified consistently as being particularly useful to victims, perpetrators and their children. Unfortunately, they are neither readily nor consistently available, nor evenly distributed, throughout Nova Scotia.

When the abuse first comes to light, counselling services, particularly for the perpetrator and the woman, are considered to be an essential element in preventing the escalation of the abuse. Although it is necessary to have treatment programs for perpetrators and individual and group counselling for all family members, few such services exist and those that do tend to see clients only after the situation has existed for some time. Only one service, specifically designed for the treatment of male batterers, is in place in Nova Scotia.

While traditional family and children's services agencies could help, battered women do not often perceive them as helping agencies. That perception exacerbates the problem of service provision. The battered woman is sometimes reluctant to approach such an agency for assistance because she fears her children will be taken from her; she will then not only be blamed for the situation which led her to the agency but she will also be perceived as an inadequate parent.

Given this situation, the women turn to the transition houses to provide the help they need. Unfortunately, the transition houses frequently lack the staff resources to provide needed counselling service, except in a cursory manner.

As one of the briefs noted, transition houses are like battered women. They are vulnerable and they are poor. Often, it is only through the use of volunteers, such as board members, community professionals and other interested citizens who volunteer their time, that any educational or counselling services are offered.

Women residing in the transition house are expected to make major decisions and sort out their lives in the relatively short period of three to six weeks. If the woman is not returning to her spouse, she must make arrangements for financial assistance, housing and possibly day care while weaving her way through the Court system; in the process, she must often cope with a tangled, unresponsive array of various levels and departments of government.

For women who go home or strike out on their own, follow-up services do not exist. Although many women maintain contact with the transition house after they leave, contact is, of necessity, minimal.

Obviously, there is a need for a range of family and individual counselling services, support and self-help groups. The Task Force, previously recommending that government give some attention to counselling services, believes that such services should also accommodate the victims of family violence. One aspect of need that this recommendation cannot address, however, concerns perpetrators and their need for treatment programs.

Very little is known about perpetrators in Nova Scotia, except that the vast majority are men and that their prime targets are their wives or partners. Literature provides some minimal insights:

- Violent acts seem to be carried out by weak, ineffectual persons who may be using the act of abuse to increase their sense of power. Thus, men often beat their wives when they initiate independent action or try to assert themselves (Kincaid, 1982).

- People (parents) who were themselves subjected to abuse during their childhood are more likely to abuse their children or spouses.

- Society is ambivalent about the use of force in the family, and perpetrators often see their violence as justified because they are able to exonerate their actions by calling up positive ideals like duty, discipline, love, and honour (p. 115 - The Family: Changing Trends In Canada).

As mentioned in submissions and supported by literature (e.g. Wife Battering, 1982, pp. 13,14), it is widely believed that battered wives are not dealt with in the same way as other victims of crime; that battering husbands are not treated the same way as other people accused of a Criminal offence; that batterers receive little indication from society that what they are doing is wrong; that battering husbands are not consistently charged when they beat their wives; that battering husbands are permitted to remain in their homes, while wives and children are forced to find seek shelter elsewhere; that battering husbands harass their wives and have unsupervised access to their children; and finally, that battering husbands should be forced to receive some type of therapeutic treatment.

There is, in fact, only one treatment program for perpetrators in Nova Scotia which was started at Veith House in 1985. It is a voluntary program, not mandatory and Court ordered, as many Briefs thought such programs should be. Aside from some minimal counselling done by other community agencies, little else exists.

In view of the comments the Task Force has made concerning the victims, the perpetrators and the professionals dealing with them, it is recommended:

5.1 that

(a) training be provided for staff of all services who work with victims of family violence;

(b) funding be provided for self-help and support programs for victims and perpetrators; and

(c) Courts use their existing powers to order treatment for perpetrators of assault and abuse.

TRANSITION HOUSES

Many remarks have already been made about transition houses. They have common problems which can be briefly summarized as the following:

- unpredictability of municipal and private funds;
- shortages of staff;

- low salaries and few, if any, staff benefits;
- lack of funds for staff development;
- inability to provide child care and follow-up programming.

As with other services, there is a great need for increased dollars, if required services and programs are to be enhanced or developed. The Task Force is sympathetic to the needs and supportive of the requests that transition houses may make to government in this regard.

In their briefs and presentations, the transition houses showed admirable restraint and realism in their requests. Primary among them was the obtainment of additional money in their operating budgets for child care workers.

The plight of children in transition houses was discussed earlier. While many are school age, the majority are pre-schoolers. These children require special attention and support. Current staff, however, are unable to deal adequately with both the traumatized women and the children.

Up until now, child care workers in transition houses have been either voluntary or funded by short-term financing. There were strong recommendations for permanent funding for child care staff in these houses, in order to provide structured programming with two goals: to alleviate the immediate stress in the children and help them to deal with their fears and feelings; and to provide preventive education to the children by teaching new and non-violent methods of conflict resolution and relationship-building.

The Task Force is extremely concerned about the plight of these children, and recommends:

5.2 that the budget of each transition house be adjusted to include one full-time child care worker.

One of the matters which the Task Force has not previously mentioned but wishes to note for future discussion is the underlying premise on which transition houses have been established - the belief that the wife who is the injured party

should leave the family home. The Task Force does not believe this should be the case and suggests that the legislation be reviewed and clarified to ensure adequate authority exists to remove perpetrators rather than victims from the home.

OTHER SUPPORT SERVICES

Several items other than those already noted in this chapter were discussed in briefs and presentations. Some have been addressed in other chapters of this report, while others are mentioned in this section.

Financial Assistance

There was a call for emergency financial assistance for families using crisis shelters. Often, these women and children do not even have the money for bus fare in order to go to a legal aid office or to search for housing. They arrive at transition houses only with the clothes they are wearing. If they decide to seek independent living, they have no money for security deposits, furnishings or numerous other items. Since municipal assistance is difficult to obtain for these particular expenses and differs from one municipality to the other throughout the province, some provision must be made, either through the budgets of the transition houes or the municipal units, to meet these incidental but necessary expenses. The Task Force recommends:

5.3 that provision be made for the funding of items of special need for victims of violence and their children in co-operation with the municipalities and transition houses.

Co-ordination

In written and oral submissions to the Task Force, the co-ordination of services was raised as a prime concern of communities, agencies, service providers, and consumers of service. In the area of family violence, there was a strong call for co-ordination of services between all levels of the Departments of Health, Education, Social Services and the Attorney General. This was accompanied by the request for the establishment, provincially, of a protocol to deal with Family Violence matters. The Task Force has previously made a statement and recommendation regarding co-ordination, and this will not be

repeated here. However, in the specific matter of a standard protocol, it is recommended:

5.4 that a provincial protocol be developed for the guidance and use of all agencies involved in spousal abuse.

Research

The lack of research on family violence was evident throughout the deliberations of the Task Force and Panel and was a hindrance in addressing some of the issues and concerns. To take a long-term preventive approach to the problem, well-founded research material is invaluable. Efforts at data collection now underway must be continued. The Task Force wishes to express its support and encouragement of these efforts. It is also important to examine as yet, unaddressed issues of family violence - e.g. the profile of perpetrators - in order to gain a thorough understanding of the complex problem.

SUMMARY

Previously hidden from public view and regarded as a private family matter, family violence has emerged as a major societal problem in the twentieth century, particularly in this decade.

Since the destructive consequences of intra-family violence on individuals and society have become obvious, attitudes have changed significantly towards its victims - women and children. Family violence is no longer acceptable; laws reflect society's abhorrence of it.

Efforts to address family violence are, for the most part, recent, and the service network is still in its initial phase of development. Effort has been concentrated on the primary victims - the women - but the plight of the child victims and the perpetrators is being increasingly recognized.

The real dollar cost of providing services to prevent and alleviate family violence is high. However, this cost is far outweighed - financially, emotionally and socially - by the long-term consequences of <u>not</u> responding to the problem. Clearly, setting the problem aside is not a truly viable option for government or the community.

CHAPTER VI

CHILD NEGLECT AND CHILD ABUSE

CHILD NEGLECT AND CHILD ABUSE

INTRODUCTION

Experts generally agree that child neglect and child abuse are not identical conditions, either in relation to the personalities of the parents or perpetrators involved or their long term effects on their victims (Polansky, DeSaix and Sharlin, 1972: 2-3). Child abuse involves the injury of a child through an act of non-accidental omission and commission, while child neglect is the inability or failure of parents to provide adequately for their child. Neglect is more an act of omission or a failure to protect the child from harm. Although neglect and abuse are not identical conditions, they do, however, share a common history, the same service system and many of the same service needs.

HISTORICAL OVERVIEW

Throughout most of our history, the rights of parents have been supreme and the rights of children unrecognized. Fathers, in particular, held complete and absolute control over their children. Children were chattels who could be sold into slavery or put to death at the whim and will of their fathers (Bala and Clark, 1981). Neglect and abuse of children were both common and condoned until the early 1800s when such behaviour attracted the attention of reformers. That time marked the beginning of the recognition of children's rights and the development of laws to protect those rights (Radbill, 1980).

Although services for the care and protection of children were first established in 1850 in Nova Scotia under the auspices of the Society for the Prevention of Cruelty to Animals, it was not until 1906 that the first Children's Aid Society came into being. Since that time, a network of services has been developed for neglected and abused children and their families, but, even so, some remnants of the view of the child as a possession of the parents persists. Child neglect and abuse are still considered by many to be, by and large, private family matters, and the issue of state intervention in the interests of protecting a child remains a controversial one.

CHILD NEGLECT

Since 1961, when Dr. C. Henry Kempe first identified and discussed the battered-child syndrome, thousands of articles and books have been written on the subject. As increasing public attention has been focused on it, child abuse has been perceived as the most all-pervasive problem of this decade. This perception is not correct. There is a more insidious and extensive problem that has been overshadowed by child abuse and, in particular, by sexual abuse; that problem is child neglect.

In writing about child neglect, Polansky, DeSaix and Sharin provide a contrast between child neglect and child abuse. "Discovery of an abused child arouses anger, nausea and a desire to rescue the child in the general public. There are headlines and follow-up stories in the news media. And well there might be, for a case of child abuse uncovered usually represents not a single incident, but a recurrent pattern of torture by parents. But without wishing to minimize the tragedy of abuse or the urgency of saving its young victims, neglect and its companion, marginal child care, affect many more children even though neglected children, for the most part, suffer silently in their own houses, unremarked by the world outside." (Polansky, DeSaix, Sharlin, 1972:4)

Today the situation remains much as Polansky et al. described. If the figures provided in briefs to the Task Force are correct, approximately 70 percent of children on the caseloads of Family and Children's Services agencies are suffering, or have suffered, from some form of child neglect. More pervasive and less clearly defined than child abuse, child neglect is the inability or unwillingness of parents to provide adequately for their children, resulting in serious deficiences in child care .

Neglect can occur in many forms; physical, medical, emotional, educational, failure to provide adequate supervision and guidance, abandonment, and various combinations of those forms. There is no clear, causative factor which leads to neglect, but some of the contributing factors believed to cause parents to neglect their children include problems such as addictions, mental illness, unemployment, ignorance of child care, ignorance of parental responsibilities, and poverty.

Physical neglect may mean that the child lacks such items as warm clothing and proper food, or suffers from poor hygiene and physical care, or has untreated illnesses and medical conditions due to the ignorance or indifference of the parents. There are other forms of neglect, too, such as educational neglect, where parents make no attempt to see that a child attends school or do not provide the necessities to allow the child's attendance. Emotional neglect, the most difficult kind of neglect to detect and treat, may result from the child being denied experiences which allow feelings of being loved and wanted, of security and worthiness. Regardless of the form it takes, neglect can be equally as injurious to the health and well-being of the child as child abuse.

Two elements must be examined in order to identify child neglect: the behaviour of the parents, and the effects of that behaviour on the child.

Agencies reported that many of their child protection families are single parent and mother-led. Their income, derived from Family Benefits or Municipal Social Assistance and Housing, is almost always inadequate.

Often there is an intergenerational aspect to the neglect, in that the parent(s) has experienced poverty, neglect and/or abuse as a child. Knowledge and experience of good parenting may, therefore, be limited.

With less than high school education, few friends or relatives on whom they can rely for help, and little or no involvement in activities that might contribute to their own positive growth and development, many of these families have bleak futures. For some, alcoholism further affects the quality of their lives, as does addiction to, or extensive use of, mood-altering drugs.

Access to community activities, resources and services is limited by transportation costs. Even getting groceries can be a major undertaking if the store is at a distance, and there is no car and no money for other forms of transportation.

Helping these families demands the combined resources of governments, agencies and organizations - such as child welfare, municipal social services and

Family Benefits - over a period of years. The struggle for survival can be discouraging for the families and it can be time-consuming and draining for the staff of family and children's services who must provide support and try to find needed resources. Agencies told the Task Force of the search that workers must undergo in order to find such items as clothes for children and necessary appliances, to help obtain housing, and often, to try to obtain needed assistance from other agencies to keep the family together. Because of other demands and high caseloads, they must often work with these families on a crisis basis. This is particularly true in recent years, with the emphasis on child abuse referrals which necessitate an immediate response and involve complex investigations. Child protection workers have had to devote most of their attention to the child abuse aspect of their caseloads.

The result of this increased pressure is that the client does not always receive the service or support required. This is an unsatisfactory situation for everyone involved, but particularly for the chlidren who must suffer both the immediate and long-term consequences of neglect.

In Chapter III, the Task Force discussed the need for a range of preventive and supportive services to families. Perhaps nowhere else in the family and children's services system are they required as desperately as in child protection services, where they would greatly assist workers attempting to help families and children involved in child neglect. Housing and income support are basic needs for many of these families. Unless preventive services and supports are available and accessible, the social service system itself will perpetuate the causes and occurrence of child neglect. It will become an inadvertent third party in the inter-generational cycle of benign neglect. As a result, more, not fewer, children will come into care. The challenge facing government, both public and private-sector agencies and the public, is how to turn the system around so more children do not become the silent sufferers trapped in situations of neglect.

CHILD ABUSE

Public awareness of, and attention to, child abuse in Nova Scotia have only been heightened with the public exposure of horrific events such as those which

came to light in the early 1980s. During this period, an eight month old infant died of an alleged abuse, a four year old was brutally murdered by a babysitter, and multiple incidents of incest and abuse of children in the same family were revealed. These incidents served to cause a quantum leap in the community's awareness of child abuse as an important public issue.

Awareness was further increased when, from September to December, 1984, the Department of Social Services launched a massive multi-media campaign in conjunction with Health and Welfare Canada. The campaign was designed to inform the public of its responsibility to report child abuse, under Section 77(1) of the Children's Services Act which requires that "Every person having information, whether confidential or priviledged, of the need for protection of a child shall report the information to an Agency".

The resulting increased reporting and referrals had a collective impact on family and child welfare services, as will be discussed later in this chapter.

TYPES OF CHILD ABUSE

Regulations pursuant to the Children's Services Act (C.S.A.) define abuse as, "Acts of commission or omission on the part of the parent or custodian of a child which result in injury to a child. This includes, but is not necessarily restricted to, physical beating, parental deprivation, cutting, burning, physical assault, sexual abuse, and failure to provide reasonable protection for the child from physical harm" (Regulations, Section 3(a)). In addition, Section 42 of the Act establishes a Child Abuse Register, and Section 43 defines the guidelines for reporting in accordance with the definitions of abuse as prescribed in Section 2M (iv) and (vi).

There are three types of abuse identified in the Children's Services Act and Regulations. Physical abuse occurs when a child has been injured, or is at risk of being injured, by a person who has care, custody or control or who permits an injury to be inflicted by someone else. Emotional abuse occurs if the child's emotional needs have been, or are being sufficiently neglected or interfered with that his/her normal development has been seriously affected and is likely to be

impaired. Sexual abuse occurs when the child has been the subject of sexual molestation, exhibitionism, exploitation, or intercourse by an adult.

These three types of child abuse frequently co-exist. In other words, a child who is physically battered or sexually abused often suffers additional emotional abuse which interferes with healthy emotional development. On its own, however, emotional abuse is difficult to detect, determine and prove, except in the most extreme cases.

THE EXTENT OF CHILD ABUSE IN NOVA SCOTIA

In Nova Scotia, one of the available indicators of the incidence of child abuse is data collected as part of the evaluation of the child abuse media campaign held from September to December, 1984. Seventeen of the eighteen agencies responsible for child protection reported referral rates that were fifteen percent higher during the first five months of the fiscal year 1984/85 than for the same period in 1983/84. Similarly, referred rates were 73 percent higher for the last three months of 1984/85 than for the same period in 1983/84. In actual cases, the seventeen reporting agencies received 4,033 referrals of sexual and/or physical child abuse and child neglect in the 1984/85 fiscal year. (Nova Scotia Department of Social Services, Policy, Planning and Research Division, June, 1985:9-11)

The Child Abuse Register, although restrictive in that it only allows for the recording of abuse by a parent or caretaker of a child, also provides an indicator of the extent of child abuse. There has been a steady increase in the number of referrals to the Register and the cases subsequently recorded since it was formed, but the most dramatic increases occurred in the calendar years 1984 and 1985, with the trend in the first eleven months of 1986 continuing to spiral upward. In 1983, a total of 89 cases were recorded on the Register. This number rose to 180 in 1984 and to 237 in 1985.

A snapshot view of the Register from January 1, 1986 to November 28, 1986 shows the following:

- Four hundred and thirty-one referrals have been received, of which 279 were cases of sexual abuse.

- One hundred and eight cases were recorded on the Register, 74 of which were sexual abuse cases, 33 physical abuse, and 2 emotional abuse.

- The ages of the youngsters who were the victims ranged from less than one year to age sixteen years.

- Two hundred and eighty-six reported incidents were in the process of being assessed in order to determine whether or not they should be recorded.

- The majority of victims were female.

- Other referrals received involved 14 third-party incidents which are not recorded on the Register, and 39 which were forwarded without sufficient evidence to warrant recording the information on the Child Abuse Register.

  During the same 11-month period, 2 names were removed from the Register through an appeal process.

These figures reflect only known cases and, therefore, provide a partial picture of the actual incidence of child abuse in Nova Scotia. Many cases are never referred to an agency or the Register. Sometimes, particularly with pre-schoolers, the abuse is hidden by the family and is not known to anyone else. At other times, cases may be identified but never reported because professionals with knowledge of them are reluctant to become involved. In some instances, confusion about the difference between corporal punishment and physical abuse adds to the reluctance to report.

Although emotional abuse is often coupled with physical and/or sexual abuse, as was stated before, it is difficult to isolate and identify on its own. Therefore, very few cases of emotional abuse are referred or recorded.

The two major categories of child abuse are clearly physical and/or sexual abuse, with the latter constituting approximately two-thirds of the cases reported. All child abuse is abhorrent, but especially child sexual abuse. It is this area of child abuse which has become an issue of national, as well as provincial, concern, as the magnitude of the problem has become more publicly known. The next sections of this chapter looks more closely at both physical and sexual abuse.

PHYSICAL ABUSE OF CHILDREN

Physical abuse is often perceived to mean beating or battering a child. In fact, physical abuse can also result from wounding a child, refusing to obtain needed medical care for a child whose health is at serious risk, or inflicting more subtle forms of physical suffering such as poisoning. As well, physical abuse may or may not occur in conjunction with sexual abuse.

Similar to other forms of abuse, the causative factors of physical abuse are many and varied. An intergenerational aspect is thought to be one of its consistent features. Parents who, as children, were deprived of nurturing and were abused may repeat the abusive pattern with their own children. In addition, parents' unrealistic expectations of their children and their own perceptions and feelings about themselves as individuals and as parents may contribute to the occurrence of physical abuse, "... Abusive parents often have developed only a limited ability to cope with adult life ... and are barely able to survive from one crisis to the next" (Kempe and Kempe, 1981:20). Abusive parents are often overwhelmed by feelings of helplessness, isolation and frustration - a problem often compounded by a lack of child-care skills.

The abuse which occurs cannot be undone but there are ways to help both parents and their children live healthier lives in the future. Some of these methods are the same as those mentioned in Chapter III and repeated in the

section on child neglect. Not readily available but required as well, are a number of specialized treatment and counselling services for both parents and children.

CHILD SEXUAL ABUSE

Like child abuse in general, child sexual abuse has many causes. The influence of societal changes on the sexual behaviour of the 1980s, impaired familial relationships, changing partners, sexual freedom, and a broadening by some people of the definitions of "acceptable behaviour" are all contributing factors. In a society where the limits on appropriate sexual expression are sometimes unclear, a greater incidence of child sexual abuse and incest is a likely consequence.

In 1984, the Report of the Committee on Sexual Offences Against Children and Youth (The Badgley Report) dramatically illustrated the incidence of child sexual abuse in Canada. Badgley reported that "At some time during their lives about one in two females and one in three males have been victims of one or more unwanted sexual acts." As well as making this shocking revelation, the report determined the following facts about sexual abuse: unwanted sexual acts ranged from "being exposed to; being sexually threatened, being touched on a sexual part of the body; and attempts to assault or being sexually assaulted; about four in five of these unwanted sexual acts had first been committed against these persons when they were children or youths; four in 10 of young females have been raped; two in 100 of young persons have experienced attempts or actual acts of unwanted anal penetration by a penis or by means of objects or by fingers; acts of exposure constituted the largest single category of sexual offences against children. Cases were documented where such acts were followed by sexual assault; three in five children have been threatened or physically coerced by their assailants. Young victims are as likely to be threatened or forced to engage in sexual acts by persons relatively close in age as by older persons; few victims were physically injured; substantially more suffered emotional harm; about one in four assailants is a family member or person in position of trust; about half are friends or acquaintances; about one in six is a stranger; virtually all assailants are males - one in 100 is a female; a majority of victims or families do not seek assistance from public services.

When they do, they turn most often to police and doctors; and, over two in five of all sexual assault homicides are committed against children aged 15 and younger. Children are victims of three in four convicted sexual offenders found to be dangerous on sentencing by courts." (Badgley, 1984:1-2)

The Badgley Report has served to highlight the problem of child sexual abuse and bring it to public attention. As well, it has stirred government at both the Federal and Provincial levels, particularly the Federal level, to take action to address the problem.

One of the areas which Badgley has brought into prominence is incest, the subject of taboo for many years. As the Child Abuse Register in Nova Scotia reflects, much of child sexual abuse is perpetrated by a family member or relative. In fact, the most difficult abuse situation with which agencies must deal is father/daughter incest. It is the most highly-charged emotionally, and a complex problem requiring the services of very highly-skilled professionals. Briefs indicated, however, that most professionals are uncomfortable dealing with this situation and feel they have neither the skills nor resources to work effectively with the perpetrator, the victim or the family.

Practitioners in the Family and Children's Services system spoke at length to the Panel on Child Abuse and Family Violence about the need for a co-ordinated, multidisciplinary team approach to respond to the particular problems of child sexual abuse. They experience problems in obtaining needed medical/gynecological examinations, in dealing with the child in trauma, in preparing the child for court, and in coping with the child's parents and other family members. In addition, difficulties are encountered in working with the police, particularly when there are long delays in initiating or completing police investigations.

During the course of its work, the Task Force had an opportunity to meet with the President of the Nova Scotia Medical Society who expressed the willingness of her colleagues to provide assistance to social agencies. Given the existing horrendous problems of child abuse, particularly sexual abuse, the Task Force recommends:

6.1 that a liaison be established with the Nova Scotia Medical Society to assist with the development of a team approach to respond to the medical aspects of child abuse, particularly child sexual abuse, and with training staff of Family and Children's Services.

The marked increase in abuse referrals, especially in the past three years, has created a demand for more and better services. There has been concern about the availability and quality of treatment with regard to services for both victims and perpetrators, and the lack of a co-ordinated, standard approach to the investigation and resolution of child abuse, particularly in sexual abuse matters. In response, some areas in the Province developed special committees on Child Sexual Abuse, comprised of concerned individuals in health, education, social services, and the police. These committees, formed in the Kentville and Halifax areas between 1984 and 1986, and without a mandate or financial support from the Provincial Government, have developed protocols for responding to referrals. They have also sponsored educational workshops for involved professionals, developed resource kits and demonstrated that effective services can be provided when the Departments of Health, Education, Social Services, and the Attorney General co-ordinate their efforts at identification, investigation and treatment. The Task Force recognizes the need for a broader team approach to respond to child abuse and recommends:

6.2 that

(a) a co-ordinated response to child neglect and abuse be developed through the establishment of a standard provincial protocol for all agencies and professionals involved in the provision of services to children; and

(b) the protocol be supported through inter-disciplinary training sessions.

CHILD PROTECTION SERVICES

INTRODUCTION

Child neglect, child abuse, and child sexual abuse are major and extremely complex problems within the Family and Children's Services system. Child Protection Services is the designated program area responsible for responding to these problems and others which cause children to be in need of protection.

The important nature of child protection services must be recognized. Momentous decisions with far-reaching effects on the lives of children and their families are made each day by the staff who provide these services.

Child protection services are activated with the receipt of a referral alleging that a child or children may be at risk as a result of inappropriate care or lack of care by a parent. The child protection worker must investigate the allegation and attempt to determine if the referral is factual and if there is a child in need of protection. If the worker determines that the report is unfounded, the matter is closed at the intake stage. If it is determined that there is abuse and/or neglect, the worker must then decide whether or not the child is in immediate danger. If danger exists, the child may have to be removed from the family until the problem is resolved; or if the child is not in immediate danger, the family will likely require follow-up services on a protection case basis. In this instance, agency efforts will be directed towards helping the family remedy the conditions in a way that will promote the positive development of the children and all members of the family.

In a small number of cases, a child has to be removed from the family. This can happen in two ways. The first is through a voluntary care agreement which allows a parent and an agency to mutually consent to a short-term placement for a child. Voluntary Care is used in many situations, for example, when a parent requires hospitalization, needs alternate housing which is not available, or requires time to resolve other crises. It is designed to provide the time to resolve the conflict and to initiate new problem-solving mechanisms with the family.

The second method of taking a child into care involves court action. When a child is at risk or in need of protection, and no immediate remedy is available within the family, the protection worker, who is an Agent under the Children's Services Act, can remove the child and place him/her in a foster home, group home or other approved residence. The matter then comes before the Family Court for decision and disposition. After hearing evidence, the Judge of the Family Court can make one of several decisions. He can order the child to be returned to the parents and dismiss the matter; adjourn the matter for up to six months in order to either allow the parents time to change their situation or to hear further evidence; or find that the child is in need of protection. In the latter instance, the Judge may either return the child to the parent with conditions and under the supervision of the agency and adjourn the matter for up to one year for review, or commit the child to the permanent care and custody of the agency.

If the Judge returns the child under an order for Friendly Supervision, the protection worker resumes visiting the family on a regular basis to assess and, if need be, to help the family improve the quality of child care. If the child is committed to the permanent care and custody of the agency, the child is said to be a "ward of the agency." This means that the agency becomes the child's guardian, assuming all parental rights, duties and responsibilities toward the child. The natural parent, however, can apply to the Family Court for termination of permanent care and custody at legislated intervals, provided the child has not been placed for adoption, in which instance all avenues for regaining custody are closed to the parent.

In its compressed form, as presented here, the process may appear relatively straightforward; in reality, it is a complex unweaving of very painful relationships and situations for families and children.

CURRENT SITUATION

Until the last few decades the philosophy of the service equated safeguarding the welfare of a child with removal from the family. Few efforts, if any, were expended in helping the family to resolve its problems in a manner that enabled the child to remain within his/her own family environment.

A gradual evolution has taken place in that traditional philosophy, and today it is recognized that the child's best interests may be most effectively served by providing the family with the assistance and supports necessary to strengthen it so it can remain intact as a family unit. In their family-directed efforts and with their objective of preventing further harm to children, child protection services provide an element of prevention.

Even though the underlying philosophy and direction of service has changed, child protection services continue to be plagued by an incorrect public perception that the service providers are not protecting children, but are removing them from their families without good and sufficient reasons. Nothing could be further from the truth.

The reality is that from April 1, 1985 to March 31, 1986, child protection workers saw 7,295 families. Of this number, 2,383 were maintained on an ongoing basis of family support, and of the remainder, 1,380 children were removed because of abuse and/or neglect. Two hundred and eighteen children were taken into care and custody.

Recently, demands on Protection Services have increased dramatically. Media campaigns and coverage regarding child abuse and/or neglect, and a greater public awareness have resulted in more referrals and higher caseloads for workers. In addition, as community services shrink or disappear due to fiscal constraints, there is a greater demand for services provided by the child welfare agency. The service has become a crisis-oriented one in which the worker may run from one emergency to another, in an attempt to keep the situation from completely falling apart. With protection workers providing more crisis intervention and less community preventive services, and with existing ones severely taxed with six- to eight-week waiting lists, the family frequently does not receive any follow-up service, and the situation drifts until the next crisis. This directly increases the chances of children being removed from their own families, and lessens the chance for any possible positive change or growth within the family unit.

Although child protection workers may be the primary service providers, only the combined efforts of many professionals and helping agencies can make a difference for these families and children. Earlier, the Task Force addressed the need for co-ordination. Child protection services are, indeed, an area which requires a co-ordinated effort. Those agencies that must work co-operatively would include the Departments of Health, Education, Social Services, and Attorney General. Professionals and helping agencies would include doctors psychologists, psychiatrists, public health nurses, teachers, school social workers, clinical social workers, lay therapists, police officers, etc. The list is endless.

CONCERNS

Resources for Child Protection

There were more than eighty briefs and presentations made to the Task Force and the Panel on Child Abuse and Family Violence. Most of them had, as their underlying theme, "too little, too late"; in other words, there are not enough services and resources to meet the existing needs. As well, available supports often cannot be, or are not, brought into play until extensive damage has occurred to the child and the family. Some municipalities are particularly insensitive to the needs of families on child protection caseloads and are reluctant to provide assistance.

Staff in the Child Protection Program impressed upon the Task Force their frustration at not being able to meet the special needs of the families with whom they are working due to limited funding. Because funding from municipalities and private sources is often not available, families in need are denied basic necessities above and beyond clothing, food and shelter. Although the members of the Task Force were sympathetic to staff helping families acquire needed items, there was also a major concern that child protection staff not become financial aid workers and that those generally responsible for meeting such needs - e.g. municipalities - begin to shift the responsibility to the Child Protection Program.

After considerable deliberation, the Task Force recommends:

6.3 that the special-needs allocation for each agency be increased and that the funds be used, at the discretion of the agency head, to meet the needs of children and their families, regardless of whether or not the children who are being served are in the care of the agency.

Hopefully, if agencies have some ability to respond in this manner, another support will have been provided to help keep families together.

Staffing

In the briefs and presentations made to the Task Force on the subject of child protection services, one of the continuing areas of comment was staffing.

Later in the Report, in the Chapter on Program Administration, the issue of staffing will be discussed fully. However, as a preliminary word, the Task Force wishes to mention that there was absolutely no disagreement among the Panel, Task Force or those who presented the briefs that the child protection staff undertake the most difficult and stressful tasks found in the total family and children's services system. Further, there was a belief that recognition of this factor should reflect in pay differentials for child protection staff.

These staff must decide whether or not a child is in immediate danger and should be removed from a home; whether or not a family can provide adequately for the child, if given sufficient time to marshall needed resources; and when to remove a child from a home if it appears that the family will be unable to provide adequate care.

If they believe the family can be kept together, staff members must also be brokers in obtaining needed services and items such as treatment, counselling, money, and necessities such as shelter and furniture. When the situation results in the need to remove a child, they must do that as well. Further, often the worker, without legal counsel, must prepare and present the agency's case in Court. Clearly the degree of complexity inherent in each case demands a high level of skill, ability and commitment of each staff member.

Child protection caseloads range in size across agencies, from forty to ninety per worker. Such caseloads are clearly too high to provide the intensity and degree of service needed to respond appropriately to most child protection cases. They far exceed the twenty cases that the Child Welfare League of America recommends for child protection caseloads in urban areas.

Preventive Services

As with other areas, preventive services are a priority in relation to child neglect and child abuse. Prevention-related treatment and support services for the victim, the perpetrator and other family members are not equally available across the province. The majority of such services, although scarce, are located in the Halifax-Dartmouth area. For child victims of abuse, the Izaak Walton Killam Hospital, located in Halifax, has been the major resource. This hospital, in particular, has become a leader in the treatment of child victims of physical, emotional and sexual abuse. The hospital has provided medical, psychiatric, psychological, and social work services for these children and their families. As well, the efforts of many staff there have played a major role in the raising of public awareness.

Through their sharing of information, many practitioners in the province have gained much needed practical information and guidance to assist in the detection, investigation and determination of abuse. The main problem associated with this service is the difficulty presented to many families from outside the Metro area when children are hospitalized there. Since the parents participate in the hospital's treatment program, frequent travel and stays in the Halifax area can create financial hardship and problems with the supervision of other children remaining in the home, thus increasing stress on all family members.

Since the increase in abuse referrals began in 1984, various established counselling and mental health agencies have attempted to develop specialized services to treat victims. In addition, many of the staff in child protection services have made concerted efforts to upgrade their skills in the area of abuse treatment and are willing participants in any available workshops on the subject. Agencies which have been in a position to hire new staff have been seeking out

employees with some expertise. Gradually, child welfare workers, police and families are becoming able to identify and seek out these resources for victims. An example of this is the Cape Breton Mental Health Clinic. Through its Children's Services Department, the Clinic hired a psychologist with first-hand experience in working with children who were victims of abuse. The Clinic also had a Child Psychiatrist with expertise in this area. These staff members have been most co-operative in sharing their knowledge and experience with protection staff of the local child welfare agency, and have trained them in the use of anatomically correct dolls and other techniques of investigation. This means that many children who formerly had to travel to Halifax for service can now receive it on an outpatient basis while living at home or in a foster home in their community.

As well as the need to increase the availability treatment of specialized resources for victims of child abuse, the Task Force was also advised of a need for treatment programs for perpetrators. Court-mandated treatment programs, in particular, were viewed by the Panel on Child Abuse and Family Violence, and in briefs, as being desirable.

The Task Force, in reviewing these latter requests, noted that when a perpetrator is charged and found guilty in the Criminal Court, treatment services can be mandated through a probation order. In the Family Court, under the Children's Services Act, it may not always be possible to make such an order. This issue is similar to that addressed in Chapter V relating to family violence. A recommendation was made in that chapter regarding mandated treatment for perpetrators, and the Task Force believes the terms of that recommendation, although not repeated here, should be extended to include perpetrators of child abuse.

Clearly, in regard to the broader issue of the availability of service for all parties involved in child abuse, there is, as well, a need to ensure access to, and the availability of, services. The Task Force, therefore, recommends:

6.4 that treatment services for child victims, family members and perpetrators of child neglect and abuse be made available

throughout the province and that agencies be provided with the necessary funds to gain access to these services.

Several concerns arose in relation to the Family Court. These are addressed through recommendations made in Chapter XII, but are noted here because they are within the scope of child abuse and neglect.

Families are sometimes victimized by long delays in proceeding through the Family Court. Such delays add further to a family's stress and can be part of a destructive process for all concerned, particularly children. It has been reported that there have been instances in this province where children have been left "in limbo", their fates undecided, through adjournment after adjournment. Whatever the reason, delays of one year or more are very long in the lives of child victims, and completely unacceptable.

Several groups spoke about such delays in the court system. If a child has been taken into care by an agency, very often the first Family Court hearing in which evidence is given is often six to eight weeks after the event, and frequently there is a further adjournment. In these instances, the child remains in foster care, not knowing what will happen. This is considered an unhealthy situation for the child. When Criminal Court is involved, it is not unusual to have delays of a year or more after an incident. Throughout this period, as well, the child may be asked to give evidence several times. The following case example illustrates this point.

The sexual abuse of a child was reported to an Agency in early June, 1984. The seven year old victim who had been sexually abused for five years was hospitalized for over two months in the fall of 1984 and treated for severe emotional damage resulting from the abuse. Upon release, the hospital recommended the child's life be made as normal as possible. During the following February and March, the child was scheduled to appear in Court to give evidence of the abuse and had to be re-interviewed several times and prepared for the court appearance. At the last minute the abuser changed his plea to guilty and was sentenced in April, 1985, to three years in Penitentiary. Although the child did not have to give evidence, the preparation for it, many months

after the final assault (March, 1984) and a few months after treatment, reactivated much of her trauma. How much better, had she been able to have the evidence videotaped at the first interview and the process of healing allowed to begin in earnest.

SUMMARY

This chapter has provided an examination of child neglect, the various forms of child abuse and child protection services. Without exception, these areas represent the most difficult and complex problems for the family and children's services system. They cross the boundaries of several related systems such as Health, Justice, and Education. No one system can respond fully to them or, of itself, decrease their occurrence through efforts directed toward prevention. Co-operation, therefore must be the underlying theme if inroads are to be made in dealing with these often overwhelming problems.

The message in the service area is clear: there are not enough resources to meet the needs and demands. More qualified personnel at entry and the training of current staff are the basis for service provision. As unpopular as that message may be in this time of fiscal restraint, the Task Force would be remiss in not stating it clearly. The consequences of not protecting or serving neglected and abused children and their families, who are in crisis, will have far-reaching effects and costs for society as a whole, both now and in the future.

Not everything needed can be put into place at once. The Task Force recognizes the financial limitations and the shortage of professionals. However, with planning, progress can be expected in the development of needed resources so that in two or three years it will be possible to see the progress made.

CHAPTER VII

FOSTER CARE

FOSTER CARE

INTRODUCTION

Preventive measures should be used whenever possible to keep a child with his/her family. However, when a child must be removed temporarily or when preventive measures fail, the best possible alternative care should be provided, keeping in mind that the physical, mental and emotional needs of the child are of paramount importance.

Based on the belief that a family environment is the most desirable one in which to raise children, foster homes have been the most common alternate form of family care for children in Nova Scotia for four decades. As orphanages closed or changed their mandate, the demand grew for ordinary families to provide living arrangements for children who were in the care of child welfare agencies. H. Philip Hepworth in his book Foster Care and Adoption in Canada states:

> "Changes over time affect the types of care provided by the child welfare services as well as the demands for them. The tendency for foster homes to be used in greater numbers is apparent from at least the 1930s and the post-war years served to confirm this trend. By 1959-60 some 55 percent of children in care were in foster homes compared with about 29 percent in institutional facilities. By 1966-67, 70 percent of children in care were in foster homes ... Foster care as a resource was sufficiently elastic to accommodate the increased number of children coming into care, which peaked in the early 1970's." (Hepworth, 1980:87;95)

Since the 1970s, a number of changes have taken place in the foster care system, resulting from changes in the structure of society and in the use of child protection services, as well as the introduction of new programs such as Voluntary Care. Changes in the service system, in particular, have caused a reduction in the number of children in permanent care.

Four important changes have occurred which have major implications for the future of the foster care system:

- There has been a significant increase in the average age of the children in foster care. In 1985-86, 81 percent of the children in care were ten years of age and older, compared with only 49.5 percent in 1970-71. While the placement of infants and very young children in foster homes was common twenty years ago, it is now rare. More single parents are choosing to raise their offspring, and those infants who are available for adoption are promptly accepted by prospective adoptive couples.

- Foster parents and agencies both indicate that children coming into care in the 1980s have more problems than children in the past. This may be due to their being older when they enter care, and remaining longer in situations of neglect and abuse, while efforts are made to ameliorate the situation. Regardless of the cause, many of these youngsters have serious behaviour problems that are difficult for foster homes and communities to handle.

- Many foster home placements are of shorter duration than was the case before. Voluntary care agreements have enabled agencies to remove children from their parents' homes - with their parents' consent - while the difficulties that necessitated the removal are being resolved. As a result, children move in and out of the care system more frequently and more quickly, and are more likely to retain contact with their natural parents throughout. For other children coming into care and custody, a more permanent solution to long-term care is sought, for example, through adoption.

  Because of these changes, foster families have youngsters in their homes for shorter periods of time than previously and may also have greater numbers of youngsters placed with them in any given year.

- There are not as many foster homes available as in the past. Foster homes for children with special needs were always difficult to obtain, and now, because the majority of children placed in care are older and/or have special problems, the difficulty of finding such homes is

even more acute. Several other factors contribute to the shortage of foster homes, including an increase of women in the labour force, the greater mobility of families, a switch from rural to urban lifestyles, a trend toward smaller homes, and lifestyles that are less child-oriented.

These factors and others have led to a re-examination of the place of foster care in the child care system. For the time being, however, foster care remains the primary mode of care for children who must be removed from their families.

FOSTER CARE - CURRENT SITUATION IN NOVA SCOTIA

The Department of Social Services provides overall policy and guidelines for the operation of the foster care program, but each agency establishes its own recruitment, assessment and training programs for foster parents. Agencies also provide the on-going supervision and support for both foster children and foster parents.

Children who come into the foster care system enter it under one of several provisions of the Children's Services Act:

- Section 8 of the Children's Services Act allows for a contractual arrangement with parents so that children are placed in care for a limited period of time, with parental consent. This allows the family and child time to deal with a crisis without severing their ties to each other. The mechanism, known as voluntary care, is used in cases where there is good potential for the family to resolve its problems.

- Section 10 provides for an agreement with a parent(s) who is placing a child for adoption.

- Section 45.1 provides a process whereby an agency may apply to the Family Court for the care and custody of a child who may be in need of protection. For children brought into care under this section, the process whereby the Court may transfer legal responsibility for the

child from the parent(s) to a Children's Services agency is set in motion.

On March 31, 1986, there were 1,659 children in care in Nova Scotia. Of those, 1,284 were in care and custody; that is, their guardianship had been given to the state. Of all the children in care, some 1,056, or approximately 64 percent, were in 726 foster homes throughout the province.

These statistics reflect only one point in time. There is, in fact, a constant movement of children in and out of care, especially foster homes. This movement is placing a continuing demand on the foster care system, even though the actual numbers of children in foster care have declined since the 1970s.

The importance of quality foster care for these children who must live some portion of their lives apart from their families and for whom it is appropriate, cannot be over-emphasized. The impact that foster parents and their families have on these children was vividly brought to the attention of the Task Force and Panel on Foster Care and Adoptions by individuals who had first-hand knowledge or experience regarding the foster care system.

The Task Force and Panel had the priviledge of meeting with young people who had present or past experience with foster care, and with foster parents. The young people spoke emotionally of their experiences in foster care. Some, placed in unhappy circumstances or in a rapid succession of foster homes, recalled their feelings of isolation and loneliness through years without a loving, trusted adult to whom they could turn. Others who were fortunate to find caring, loving foster parents expressed how such a relationship had brought them emotional strength and encouragement. The foster parents admitted that at times they were unprepared to meet the special needs of foster children sent to them, or for the lack of support available to them by agencies that did not view them as full partners in the provision of care.

Through discussions with people who have first-hand experience within the foster care system, and through examination of the briefs, the Task Force formed a clear view of the issues and concerns, and of the gaps in service and

needs in foster care. The discussions and briefs also helped to confirm what the Task Force believes to be an underlying principle for all forms of alternate residential care for children, including foster care: that the quality of care offered must represent a real and significant improvement to the care available through the child's own family. Otherwise, the whole basis for foster care would be meaningless.

ISSUES AND CONCERNS IN FOSTER CARE

The issues and concerns expressed in this section of the report are much the same as those found in literature and in other provinces. The future of foster care depends on how well foster homes, foster families and agencies are able to respond to the issues and concerns confronting them.

Permanency Planning

In the past, all children except infants or the very young who were placed in foster care were often destined to remain there until they reached young adulthood. As a result, little attention was given to the child's long-term needs. Fortunately, the situation has changed in recent years. Agencies have started to establish realistic plans for the on-going and long-term care of children. This broader, more complete approach to children in care is known as "permanency planning".

Permanency planning provides a systematic approach to assessing the needs of each child and developing a plan of care, including both short-term and long-term goals.

This approach emphasizes the value of a family setting and encourages those involved with the child to establish a permanent life plan for him or her (Maluccio, 1981). Depending on the needs of the particular child, the plan may include a return to live with the natural parents, adoption, long-term foster care, or some other alternative.

Permanency planning is a relatively new concept. As such, not all agencies accept it as an important tool for methodically planning the futures of children in their care, in a methodical manner. Many agencies continue to plan in an ad

hoc, short-term manner, responding to immediate situations but not addressing long-term goals. The Task Force believes that children in care deserve a much more thoughtful planning process than now exists, and recommends:

7.1 that agencies be required to implement permanency planning on behalf of the children in their care.

Children in Care

There is a growing concern among agency staff and foster parents about the numbers of older and more difficult children entering care. In fact, most children are over ten years of age, and a significant percentage are fifteen years of age and older. Since every effort is made to keep children with their families, those who do come into care and custody may have been previously admitted under the voluntary care program or may have experienced long periods in care while their cases were before the courts. These children often experience multiple problems, including emotional and behavioural difficulties, which, in turn, place additional demands on the care system, including foster parents.

The varied and changing needs of children who require foster care must be reflected in the foster home system. Although it may not be suitable for every child, the foster care system is part of the total system of child care. A continuum of care options must be developed within it, ranging from traditional foster homes to care for children who do not require special care, to professional foster homes staffed by parents with special qualifications and expertise. Several of the other provinces already have a range of options such as parent therapist homes and professional parent counsellors within their foster care systems. The Task Force believes these should serve as models for Nova Scotia.

Older children in care are moving toward independence and, therefore, need opportunities to acquire the skills that will enable them to live independently. Youngsters who have grown up in care from an early age, as well as those who come into care as adolescents need assistance from foster parents and agencies in developing the basic skills for independence, such as money and household management. Innovative methods of helping these older children prepare for independence - for example, through programs like the Independence

Workshops and Camps established by the Nova Scotia Family and Child Welfare Association and the independence home operated by the Department of Social Services in Dartmouth - are a few of the ways in which help can be provided. Such services, however, are scarce.

Given the varied need of youngsters in foster care, the Task Force recommends:

7.2 that agencies and the Department of Social Services strengthen the foster care system by establishing additional and alternate support options for children in care and for foster parents, including specialized foster homes, networks of foster homes, and facilities and programs designed to prepare adolescents for independent living.

FOSTER PARENTS

The number of foster homes has been declining steadily for several years. This decrease, in conjunction with the increasing number of older and special needs children in care, has created an acute shortage of foster homes.

The decrease in foster homes is due to several factors, including an increase in the number of households where both parents work, trends toward urban living and smaller homes, lifestyles that are less child-oriented, and an unwillingness to cope with adolescent foster children. In addition, some older foster parents have left the system after many years of service, thus decreasing the numbers of homes available.

While these factors cannot be controlled or remedied by agencies or the Department, other factors, such as recruitment and on-going assessment, support and maintenance, can be used to help revitalize the foster care system.

Recruitment of Foster Parents

It has been said that "the recruitment of foster parents is a problem that perpetually confronts administrators and workers in child welfare" (Friedman et al., 1980). Identifying prospective candidates and motivating them to become foster parents is a formidable task.

Although concern was expressed to both the Task Force and the Panel about the need for more foster homes, little has been done in a systematic way by agencies or the Department of Social Services to recruit foster parents. Only three agencies have staff whose full-time job is finding foster homes.

Because there are no standard guidelines in Nova Scotia for the recruitment and assessment of foster parents, each agency is responsible for the development and implementation of its own program. Some provinces such as British Columbia have adopted an approach in co-operation with their Foster Parent Association of utilizing current and former foster parents in conjunction with agencies to assist with the recruitment and assessment of prospective foster parents. This approach has resulted in a prompt, efficient response to applications from prospective foster parents.

Both the Panel and the Task Force believe a more dynamic, aggressive approach toward recruitment and assessment must be taken. Given the recent appointment of an Executive Director of the Federation of Foster Parent Associations of Nova Scotia, this seems an opportune time for the Federation, the Department of Social Services and agencies to undertake a joint foster parent recruitment and assessment program. The Task Force, therefore, recommends:

7.3 that an aggressive recruitment/assessment program to find foster parents be developed and implemented in conjunction with the Federation of Foster Parent Associations of Nova Scotia.

Training of Foster Parents

Fifteen of the briefs presented to the Panel and Task Force focused on the need for training of foster parents. Some of the most outspoken advocates for such training were foster parents themselves, who recognize their own need for improved knowledge and skills in areas like human growth and development, the dynamics of child abuse and emotional and behavioural problems in children.

Training was seen as both an initial need within an orientation program and an on-going requirement. Many of those who made presentations also felt training should be mandatory for foster parents.

There are a number of models for the training of foster parents in use in Canada and the United States. Three that have had a major influence in Canada are those that were developed by Eastern Michigan University, the Child Welfare League of America and Nova University in Florida. Each of these can be adapted to meet Nova Scotian needs.

Most agencies in Nova Scotia do not offer foster parent training programs on a regular basis. The reasons cited include staff shortages, high caseloads, lack of trained staff to carry out such programs, and mixed caseloads of protection and foster care cases. In the latter instance, foster care is usually given low priority. In addition, funding and provision of alternate child care arrangements and transportation for foster parents are problems.

The value of foster parent training should not be underestimated. Research shows that trained foster parents are better able to handle more children than those who are not trained and make fewer requests that children be moved (Simon, R. and Simon, D. Child Welfare VLXI, No. 8, 1982). The training of foster parents enhances the care children receive, and therefore, training programs for foster parents must become an integral part of the foster care system.

A number of alternatives for integrating foster parent training into the system should be explored, including co-operative endeavors with other departments of government and with educational institutions.

The Task Force regards foster parent training as an area for further co-operation between the Department of Social Services and the Federation of Foster Parent Associations of Nova Scotia, and recommends:

7.4 that, in order to retain and obtain foster parents,

(a) uniform and mandatory orientation and training programs be developed for foster parents, in conjunction with the Federation of Foster Parent Associations of Nova Scotia; and

(b) the necessary resources be provided to allow the attendance of foster parents at training sessions.

Partnership in Foster Care

Foster parents frequently expressed to the Task Force and Panel on Foster Care and Adoption their need to be allowed by agencies to participate in the planning for the children under their care. Foster parents stated that they wished to be seen as partners with the agency in caring for and planning for the foster children who live in their homes.

Often, foster parents are not informed about developments with the child's natural family, and have no say in permanency planning; as a result, they often feel powerless, isolated and frustrated.

Agencies, on the other hand, are reluctant to keep foster parents informed about the child's natural family for reasons of confidentiality or fear that foster parents might interfere in the agency's plans for the child.

The Task Force believes that agency staff and foster parents must work co-operatively, in an atmosphere of trust, to serve the children in their care. Both the Department of Social Services and agencies must work diligently to achieve the partnership that foster parents are requesting.

Remuneration and Incentives in Foster Care

The rates paid for foster care and the need for incentives for foster parents were issues discussed with foster parents and agency administrators. Both issues were perceived as having a direct bearing on the recruitment of foster parents and their willingness to remain part of the child care system.

In Nova Scotia the current approved foster care rates, effective October 1, 1986, are as follows:

AGE	TOTAL MAINTENANCE	PER DIEM BOARD/RATE	ANNUAL CLOTHING ALLOWANCE
0-9 years	$10.30	$7.40	0-4 years = $345 0-9 years = $585
10-19 years	$11.40	$8.60	10+ years = $684

The total maintenance rate is the amount that the Department of Social Services pays agencies per day for each child in care, and includes both board and clothing. The board rate and clothing allowances noted are the amounts that the Department of Social Services pays its own foster parents. Because agencies can adjust these payments within the allocations provided by the province, small variations in per diem rates for foster care exist among agencies.

In instances where a child has extraordinary special needs - e.g., severe medical problems or emotional disorders - the per diem rate can be negotiated with the foster parents.

During discussions of foster care rates, many of the foster parents and agency representatives indicated that they viewed the current rates as an indication of the low value placed on the work of foster parents, and a carry-over from the traditional attitude that foster parents should care for children out of the goodness of their hearts. They stated that current rates do not cover the cost of care or out-of-pocket expenses, and that these rates are low compared to those in residential and day care facilities.

The Task Force reviewed foster care rates in eight provinces, including Nova Scotia. Of these provinces, Ontario's foster care board rates were the most generous, at $11.59 to $17.19 a day, depending upon the age of the child. While Nova Scotia's per diem rate for younger children was comparable to other provinces, it was the second lowest for older children. In addition, in terms of clothing allowance and special rate provisions, the Nova Scotian rates were comparable to those in other provinces.

Foster parents in Nova Scotia have requested that rates for adolescents and children with special needs be increased. The Task Force agrees that there is a need to adjust maintenance rates for children in care, in order to allow for more reasonable remuneration, and recommends:

7.5 that the maintenance rate for older children be adjusted upward to reflect the increased demands placed on foster parents, related to the care of older children.

Although there are special rate provisions for children with special needs, there is no uniform method for establishing these rates. Consequently, they are not applied equitably. British Columbia, Ontario, Alberta, and Manitoba have implemented a system of special care foster rates based on an assessment rating scale and classification system for children with special needs. The Panel on Foster Care and Adoption examined these various systems and suggested a similar system might be implemented in Nova Scotia. The Task Force, therefore, recommends:

7.6 that a classification system and program of special foster care rates be developed and implemented for children with special needs.

Aside from foster care rates, there were two other matters mentioned to the Task Force and Panel that affect a willingness to continue as foster parents. The first is liability insurance. For several years, foster parents have lobbied for general liability insurance to cover any damage, caused by foster children, to their homes. Currently, each agency settles claims on an individual basis. The Task Force is recommending:

7.7 that efforts be made to obtain standard comprehensive insurance coverage for foster parents.

The second matter raised was the payment of a retainer to foster parents. Because there was no agreement on this particular item among members of the Panel, the Task Force or foster parents themselves, the Task Force abstains from making policy recommendations on the matter at this time. However, it is

the opinion of the Task Force that if some of the supports which have already been discussed are put in place and foster parents are recognized and treated by agencies as partners in the provision of care, the retainer issue may resolve itself.

STAFF TRAINING AND CASELOADS

Training of staff is essential and will be addressed in detail in the Chapter on Program Administration. In relation to foster care specifically, however, the Task Force wishes to note that on a day-to-day basis, the staff of the foster care program are the primary resource persons in the training and support of foster parents. Many of the staff require specialized training to improve their skills and develop new ones. It is critical that on-going training be integrated into a systematic staff training program.

Similarly, detailed caseload discussions will be left for a later section of the report. At this time, the Task Force wishes only to make the point that the current staffing situation results in heavy caseloads and workloads. For example, staff in most smaller agencies carry mixed caseloads of protection, foster care and children in care, leaving little time to concentrate on foster homes or foster children. During discussions with the Task Force, foster children noted that sometimes they did not see their workers for long periods of time. They expressed a desire to see them more often, for the opportunity to talk to them in private in order to seek their guidance and direction.

Current heavy caseloads and workloads do not allow staff to provide the quality of attention and care that foster children want and need. As guardians of these children, the Department of Social Services has an important responsibility to provide sufficient staff and resources to meet their needs.

SUMMARY

Providing foster care is becoming an increasingly demanding job because more children coming into care are older, and often, more troubled. Existing services and resources must be adjusted to meet their needs. These changes can

only be accomplished through an increase in existing services and the development of new ones (e.g., specialized foster homes), through training for staff and foster parents, and through a greater understanding of both the continuing place of foster care in the total care system and of the changing needs of those children who come into care.

CHAPTER VIII

ADOPTION

ADOPTION

INTRODUCTION

Although adoption will be the main focus of this chapter, three other areas of concern - services to single pregnant women, maternity homes and surrogate parenting - will be examined briefly. They have been included here for ease of reference, and because they either provide services and programs to single, pregnant women (who may, after birth, choose adoption as an alternative) or they have implications for the adoption system.

HISTORICAL OVERVIEW

The regulation of adoption practices in Canada was initiated by the provinces in the first half of the twentieth century. The changes were made primarily to promote the welfare of adopted children by removing the stigma of illegitimacy and to clarify the legal relationship of the adopted child to both the natural and the adoptive parents, thus ensuring the rights of succession and property. (Hepworth, 1980)

In Nova Scotia, prior to the 1950s, there was very little regulation of adoption, which, for the most part, was handled privately. There was, also, an abundance of babies waiting for adoption. These two factors made Nova Scotia a mecca for childless couples from Canada and the United States, and in fact, created a "black market" for babies. The disclosure of this black market and the ensuing scandal prompted the establishment of legislation to regulate adoption.

In Nova Scotia, as in other provinces, each decade has seen major changes in both the attitudes and practical processes surrounding adoption.

The 1960s were characterized by policy development, the setting of standards for adoption, greater agency involvement in the adoption process, the stringent confidentiality of adoption records, and an underlying belief that adoption meant severing all ties to the child's past. Adopting and birth parents were fully aware that once legal papers were signed, birth records would be altered and court records sealed, thus assuring confidentiality for all parties. In

the process, the adopted child would experience a legal "rebirth" to a brand new set of parents.

In the 1970s, substantive changes occurred which exploded the "rebirth" myth of adoption. There was a stirring of interest in roots and origins. Groups of adult adoptees emerged who wanted to know and demanded to know about their natural families. They challenged the established adoption precepts and practices and initiated an examination of the adoptee's rights to know about origins - a trend that has continued through the 1980s.

The latter part of the 1970s saw a decline in the number of children available for adoption. This decline was due, in part, to a decrease in the number of women of child-bearing age, and, in part, to an increase in birth control and therapeutic abortions. At the same time, society began to accept single parenthood as a legitimate alternative, thus lessening the stigma once associated with illegitimacy.

These trends have continued into the 1980s with the number of infants available for adoption continuing to decrease. In addition, adoptions by step-parents and relatives are far more frequent than agency adoptions. As a result, agencies have given more attention to children who have been traditionally considered hard-to-place, for example older children, disabled children and children of mixed race. This new focus has led to the development of the Nova Scotian and Atlantic Adoption Exchanges and a subsidized adoption program to facilitate placements.

Adopting parents have reacted to the changes in the adoption process by requesting that support services be made available after an adoption is finalized. The normal difficulties of raising children are sometimes compounded for adopting parents, when the child's search for identity begins, usually in adolescence. At this time, the adopting parents and the adoptee adolescent often need help in resolving the questions related to the child's natural parents and family history. In addition to requesting agency assistance, adopting parents have formed their own self-help and support group, the Adoptive Parents Association of Nova Scotia.

Increasingly, emphasis has been placed on allowing the natural mother to become more actively involved in the adoption by making choices related to her child's placement, and, in some instances, establishing and maintaining contact with the parents and even her child, indefinitely. Known as "open adoption", this new practice is the most controversial to emerge in the adoption field in Nova Scotia in the 1980s. A limited use of open adoption was condoned in Nova Scotia until 1984, when unresolved questions and issues surrounding it prompted the Department of Social Services to issue a policy statement preventing its use. The value of open adoption, however, remains unresolved.

CURRENT ADOPTION PROGRAM IN NOVA SCOTIA

The children's services agencies, the Departmental offices, the Home of the Guardian Angel, and Antigonish Diocesan Charities all provide adoption services. In the 1985-86 fiscal year, the agencies and offices received 735 inquiries concerning adoption, and of these, 125 were approved and 251 families placed on waiting lists. During this period, a total of 502 adoptions took place. Of these, 196 were initiated and handled by agencies, 281 were private adoptions by relatives, and 25 were private adoptions by non-relatives. The ages of children involved ranged from one year (105 children) to fifteen years (15), and averaged five years and two months.

It is interesting to note that the majority of children (384) adopted were born out-of-wedlock, and that most of them were adopted within the first two years of their lives. The average age of adopting parents was 31.8 years for the mother and 34.1 years for the father. More than half the adopting families (287) were middle income earners with annual salaries of $25,000 or more.

The Adoption Program includes both agency and private adoptions. The latter includes adoptions by both relatives and non-relatives, and are handled somewhat differently than agency adoptions. In agency adoptions, the case worker is responsible for the assessment and approval of adoption applicants for placement, along with follow-up support during the adoption probation period. The same worker is also responsible for the recruitment of adoptive homes for hard-to-place children. Only in the larger agencies and offices are there staff whose exclusive responsibility is adoptions. For many agencies, mixed and heavy

caseloads often result in an inability to provide adequate, quality service to children and adopting parents.

In private adoptions, the agency adoption worker is responsible for assessing the adoptive home only after the placement is made, and for making a recommendation to the Director of Family and Children's Services, with regard to the suitability of the home. The Director, in turn, makes a recommendation to the Court.

Couples who wish to adopt a child apply to an agency in the area where they live. If more than one agency provides adoption services in their jurisdiction, the couple may register with only one agency. Applicants are divided into two groups: those applying for healthy children from infancy to school age, and those applying to adopt special needs children. The average waiting period for the first group is three to five years.

To facilitate an adoption, a child or couple may be referred to one of the adoption exchanges previously mentioned. Those referred are generally children with special needs or couples willing to adopt such children.

A Subsidized Adoption Program is in place for children with special needs. Funded by agencies and the Department of Social Services, this program provides financial assistance to foster parents of such children, in the event that they wish to legally adopt them. These children may have been in the homes for an extended period of time, and have become bonded to the family. Caring for special needs children usually entails substantial additional expenses. Without continuing help in paying these expenses, many foster parents could not afford to forego the financial assistance provided for foster care and, therefore, could not adopt their foster children, much as they might want to.

A provincial Co-ordinator of Children in Care is responsible for adoption services and in overseeing the services already mentioned. The Co-ordinator also deals with international adoptions and the Adoption Register. Since it was formalized in 1983, the Register has received 2,700 inquiries, 722 of which were in the 1985-86 fiscal year. The inquiries were made by adopted children wanting

to find out about their natural parents, or by natural parents wanting to find out about the children they gave up for adoption. Prior to January 1, 1984, it was necessary for both the adoptee and the natural parent to consent to the release of information, before identifying information could be provided upon inquiry.

Due to the busy nature of the Adoption Register, a social worker has been employed part-time since October, 1985 to help the Co-ordinator of Children in Care to respond to requests for information.

ISSUES AND CONCERNS

The issues which have emerged in adoption in the last several years pose new challenges for those involved in the adoption process, and call for a collective response from policy makers and practitioners.

Availability of Children and Standards for Adoption

A major concern of the agencies providing adoption services is that prospective adoptive parents in different parts of the province do not have an equal chance of adopting the few children that are available. Even though a prospective adoptive couple may be better able than another couple to meet a particular child's needs, they may not be able to adopt the child if the child lives in another county. Consequently, they may have a far longer wait than couples who live in an area where more children are available for adoption. The current system favors the Halifax-Dartmouth metropolitan area. In 1985-86, adoption agencies in this area placed approximately 54 percent of the children available for adoption.

The present system works against the right of the child to the best home available and the right of adopting couples to equal access to children available for adoption. The Task Force examined various options for making the system a fairer one. This included the establishment of a private province-wide adoption agency. In the end, it was agreed that the Department of Social Services should consolidate its services and programs to address the range of problems experienced in the province. This issue merits far greater debate than the Task Force has been able to give it. However, based on its review of the situation, the Task Force recommends:

8.1 that

(a) a centralized adoption agency or service operated by the Department of Social Services, with service delivery provided through regionally-based adoption units, be established; and

(b) a province-wide Register of approved adoptive parents and of children available for adoption be established and administered by the Department of Social Services.

The Task Force believes that this new structure can be operated with existing staff, and that it will provide a fairer, more comprehensive, more responsive service than now exists.

Another factor affecting whether or not a couple receives a child relates to the diversity of policies and standards among the adoption placement agencies. Although the Department of Social Services has policies for adoption services, the agencies have their own policies. Some agencies have modified and tightened up their policies because fewer children are available for adoption within their own jurisdictions. As a result, the requirements for adopting children varies from agency to agency. For example, a couple living in the jurisdiction of one agency may have to fall within a certain age limit and undergo fertility testing before they are eligible to adopt, while a couple living in another jurisdiction might not have to meet these requirements. Although the Department of Social Services issued a policy statement in November of 1986, forbidding agencies to place a moratorium on the acceptance of adoption applications, some agencies still do not accept applications for adoptions. Thus, a couple's place of residence determines whether they are given the option of being able to apply to adopt. In other cases, the application might be refused by one agency but accepted by another in their area. To address these problems, the Task Force recommends:

8.2 that uniform standards be developed and enforced for all aspects of adoption services, including assessments, placements, adoption home studies, and eligibility requirements.

The public demand for excellent service places tremendous pressure on agencies. As the number of child neglect and abuse cases increases, thus demanding more staff time and attention, adoption services have been receiving less attention. Consequently, the problems and inequities in the system are likely to increase. In a program with so many profound and far-reaching effects on the lives of children and parents, such a gradual deterioration cannot be countenanced.

The Task Force recognizes that regionally-based adoption services, operated under provincial direction, would mean extensive changes for agencies. However, given the existing province-wide variation in the operation of the adoption program, it is felt that such a restructuring is warranted in the operation of a co-ordinated and effective adoption program.

Special-Needs Children

A permanency planning program is the foundation for the adoption placement of many children in care, especially the older or hard-to-place children. The current practice is to refer children with special needs to the Atlantic Adoption Exchange. This service, however, has not been aggressive in finding homes for these children or in pursuing the referral of special-needs children to the exchange.

If a province-wide registry is not established, some alternative mechanism should be developed to aid in the placement and adoption of special-needs children. Several years ago, the now defunct Nova Scotia Adoption Exchange carried out this responsibility effectively. The Task Force suggests that this mechanism be reactivated to stimulate an exchange of information on children with special needs.

The Subsidized Adoption Program, one of the most valuable programs for special needs children, was established in 1982. Initially, it was introduced as a pilot program involving ten special-needs children who had been in the same foster homes for a number of years. These children had severe handicaps that required costly medical care, and until this time, financial assistance to help with this care was only available to foster (not adopting) parents. Therefore,

until the Subsidized Adoption Program was introduced, foster parents wishing to adopt these children could not afford to. As a result, these children were denied the permanency of home and family that adoption brings.

The Department of Social Services agreed that, following adoption, it would provide the foster/adoptive parents with one hundred percent of the special care costs required by the ten special-needs children involved in the initial project. Ten children were adopted under this arrangement, and because the project was a success, demands have been made for its expansion.

In 1985, the Department of Social Services agreed to expand the Subsidized Adoption Program, on one condition: that the agencies involved would pay fifty percent of the on-going care costs. Two special-needs children have been adopted under the modified program. From the perspective of the agencies, however, there are two problems with this arrangement. First, it is not fully subsidized by the province, thus limiting the number of children who can be placed, and second, because the agreement has no legislative basis, it may be terminated.

The Subsidized Adoption Program has brought new hope for children with special needs who, traditionally, have had very little chance of being adopted. The Task Force witnessed a strong advocacy to expand and legislate the program. In response to that advocacy, and given the inestimable value of the program for special-needs children, the Task Force recommends:

8.3 that the subsidized adoption program be expanded, and provincial support be reinstated at one hundred percent.

Adoption Breakdown

Throughout the deliberations of the Panel and the Task Force, the issue of adoption breakdown was the subject of discussion. Agencies stated that they are seeing a number of breakdowns in adoption situations, with the result that some adopted children, particularly adolescents, end up on their child protection caseloads. Speculation suggests that these breakdowns occur because normal adolescent turmoil is heightened by the fact of adoption and the added stress it

places on the parent/child relationship. The other side of the coin is a belief that adoptive parents may feel less commitment than natural parents to struggle through their difficulties with the adopted child.

Unfortunately, very little research is available in Nova Scotia and elsewhere on adoption breakdown. The Atlantic Child Guidance Centre, in co-operation with the Department of Social Services, is conducting a five year study on the issue. Although the findings will hopefully shed some light on the dynamics of adoption breakdown, this study does not preclude the need for a more comprehensive adoption study that closely examines such issues as assessment, placement practices and post-placement needs. The Task Force suggests that the Department of Social Services examine the issue of adoption breakdown more fully.

Post Adoption Services

Providing services to parents after an adoption has been finalized is perceived as being valuable for both the children and the parents. Such services become increasingly important as the number of older children being adopted increases. Older children often bear scars of past experiences, and these can compound behavioural difficulties. Therefore, parents adopting older children often need guidance in understanding and meeting the needs of these children.

Today, it is understood that adoption does not sever the child's connections with the biological family. David Kirk, in his 1964 study of adoption, Shared Fate, discovered that the single, most influential variable in determining whether or not an adoption was successful was whether the family - both parents and children - accepted the difference between building a family biologically or through adoption. Changes in adoption attitudes and processes have stressed the usefulness of post-adoption services to help adopting families resolve these issues.

Few agencies in Nova Scotia offer post adoption services. Some agencies work on the assumption that once an adoption takes place, adoptive parents entirely replace biological parents. Others, perceiving there is a difference, do

not have the resources to provide the service. The Task Force, therefore, recommends:

8.4 that post-adoptive services be designed in an effort to ensure a comprehensive adoption program.

Options in Adoption Placement

Traditionally, a veil of secrecy has surrounded adoption. Contact between natural and adoptive parents and between natural parents and adopted child, was extremely rare. Agencies provided limited non-identifying information to the adopted child about the natural parent, and to the natural parent about the adopted child.

In the last decade, the situation has begun to change. Today, those involved in the adoption process, particularly birth parents, are seeking greater flexibility and a range of options with regard to the exchange of information and contact. This fact was supported by agencies, birth parents, adoptees, and adopting parents, in presentations to the Panel and the Task Force. All expressed a general willingness and a desire for a more open adoption process. However, most were also hesitant to have a completely open adoption process.

There are a number of possible options in the adoption process. At one end of the spectrum is the entirely closed adoption, where there is no contact or exchange of information between the natural and adoptive parents, or between the natural parent and adopted child. Within this range are degrees of "openness", such as exchanges of non-identifying information on occasion, exchanges of identifying information by means of letters, telephone calls or through an agency. At the other extreme is complete involvement of the natural mother and occasional on-going, face-to-face contact between the natural mother, her biological child and the adoptive parents.

Open adoption has proven particularly appropriate for older children who already have ties with natural parents or siblings. It has been well documented by adoption experts that adopted children need to know about their biological past, and to deal with it emotionally in order to form close relationships. Foster

care practice encourages contact between the child and the natural family, but once adoption has begun, this involvement is usually severed. This abrupt change bewilders the child. At worst, it cuts the child off from the emotional supports and security needed to deal with the uncertainties of adoption (Bergman, 1982).

The relaxing of the secret nature of adoption is relatively new - too new, as yet, to assess long-term impacts on all parties involved. At this time, it is, therefore, not possible to make unequivocal statements about its effects. It is felt by the Task Force that in order for completely open adoptions to be successful, they must be facilitated by highly skilled professionals. In addition, the degree of openness needs to be determined for all parties. Open adoption is not appropriate or desirable for all children, birth parents or adoptive families, nor do all desire it. To force either the traditional or open adoption approach on an individual might well be regarded as an infringement on the right to self-determination (Sorich, C. and Sorich R., 1982).

As previously mentioned, the use of open adoption has been a controversial issue in Nova Scotia in the last few years. Because agencies increasingly are involving birth parents in decisions about placement and providing more non-identifying information to all parties involved, more information exchange exists now than in the past. The Task Force supports the trend toward more openness in adoption, and recommends:

8.5 that policies be developed which create an awareness and an understanding of the range of options available in the adoption process, and which allow for more openness immediately in two types of adoptions:

(a) those of older children; and

(b) in adoptions in which the birth mothers are provided with the opportunity to be part of the selection process by reviewing non-identifying but pertinent information on two or three suitable adoptive homes and indicating a preference.

The Adoption Register and Release of Information

Even persons with strong and loving ties to their adoptive families often have a desire to know about their birth parents and natural families. For some, there is a need to meet with persons who share their biological heritage and to see themselves reflected in those persons. Others need to find a sense of continuity in their lives in order to complete their sense of personal history. As well, birth mothers often feel a need to know what has happened to the children they placed for adoption.

One of the most recent studies on adoption disclosure is the Garber report completed in Ontario in 1985. Dr. Garber expressed the strong conviction that adoptees need to know their origins, and have a right, as adults, to receive information about themselves and their natural families. He recommended major reforms to the disclosure laws in Ontario. Subsequently, that province introduced a variety of changes, although it rejected one aspect of the recommendations - retroactive disclosure. This protected the historic rights to confidentiality of both birth parents and adoptive parents.

Increasingly, pressure has been exerted on agencies and government by adoptees and birth parents to provide each with information about the other. In 1983, the Adoption Register was formalized by the Department of Social Services and a system was implemented where adoptees, adoptive parents and birth parents may register their wishes regarding a mutual exchange of information and/or contact. Currently, both policies and legislation attempt to balance the needs and rights of adoptees, birth parents and adoptive parents, and are in line with trends in most other provinces and in the United States.

As more people have become aware of the Adoption Register, the number of requests has grown. Between October, 1981 and March, 1983, 933 inquiries were received, with 722 received between April 1, 1985 and March 31, 1986. The upward trend continued into the 1986-87 fiscal year, with 604 inquiries received in the first seven months.

Of all the requests made to the Task Force regarding adoption, one of the most frequent was that the Adoption Register be publicized so that more people

will be aware of it. From the Task Force's point of view, however, the workload related to the Adoption Register would increase. Given that staffing difficulties can be addressed, the Task Force recommends:

8.6 that the existence and the function of the Adoption Register be publicized.

Private Adoptions with Relatives

Adoptions of children by relatives are now greater in Nova Scotia than any other form of adoption. In 1985-86, 502 adoptions were finalized by the Court, and of those, 56 percent were private adoptions by relatives. This situation is not dissimilar to that in other provinces.

The concern expressed by agencies with regard to private adoptions by relatives was that such adoptions do not permit agencies to help ensure the best placement. Under current legislation, agencies generally become involved in the private adoption process only after the post-placement home study has been completed. At this time, the agency may not believe the placement to be in the child's best interest. However, the Task Force was informed that the agency can only take action to protect or remove a child if neglect or abuse is determined.

Many of these adoptions are successful, and agencies were not suggesting that current practices be changed at this time. Rather, they suggested that, given the prevalence of multiple marriages and subsequent step-parent adoptions, as well as other private adoptions by relatives, the extent of agency involvement should be reviewed to determine whether or not the best service is being provided for the children and families involved. The Task Force, therefore, recommends:

8.7 that the Department of Social Services review current practices related to private adoptions with relatives, particularly the role of agencies.

Third-Party Adoption

Although still small in number, third-party, non-relative adoptions were of concern to all agencies. It is commonly believed that the occurrence of non-

relative adoption is increasing because mothers feel this avenue will give them some choice in the placement of their children, and a greater knowledge of the adoptive parents. Statistics, however, do not support this. Less than half (31.4%) of the mothers involved in third-party placements in 1985-86 in Nova Scotia were responsible for the placements of their own children. The majority were placed by friends, relatives, or professionals such as lawyers, doctors and clergymen. In these instances, the mothers had little or no say in the selection of the adoptive parents.

As with other non-agency adoption placements, agencies become involved with private adoptions only after placement occurs. They believe this is too late to protect the mother, the child or the adoptive parents.

Expectant mothers are vulnerable to exploitation. For one thing, birth fathers are rarely involved, and, therefore, unavailable to provide direction and emotional support. In addition, adopting parents are often given inadequate or biased information. Couples who adopt through third parties do not have the opportunity to become well prepared for the implications of adoption. Assessments are not as thorough as those for agency placements. In addition, the legal status of the child during the probationary period is not securely established. Most agencies believe that the focus of private, non-relative adoptions is the need of adoptive parents, not the child.

Recent changes in legislation have attempted to protect the mother in various ways, such as providing her with a period of time in which to change her mind prior to signing the adoption consent, and providing her with counselling. However, the legislation does not provide the mother with the right to review and assess prospective adopting parents. If she is fortunate, her child may find a home with a couple who had previously been approved by an agency, but there are many instances where children are placed privately in homes that have been turned down by several agencies. Of the 35 Notices of Proposed Adoption filed for third-party, non-relative adoptions in 1985-86, eight of the adopting families had received previous approval by a child welfare agency, while seven had been refused approval.

Some of these refusals may have been based upon the ages of the applicants. The upper age of adopting males was 49 years and for females, 42 - substantially higher than the average age at which most agencies accept couples as prospective adoptive parents. This could be one reason why couples have chosen to adopt outside the agency structure.

Regardless, the Task Force was told of cases where professionals exploited mothers and placed children privately in non-relative adoptions. The Task Force believes that a mother has a right to decide whether or not to keep her child or place it for adoption. Once she chooses to give up the child, however, the state has a right to intervene to ensure that the child's best interests are protected. The procedures related to private, non-relative adoption are ripe for abuse, and after much discussion on the subject, the Task Force recommends:

8.8 that the legislation relating to non-relative, third-party adoptions be amended to provide for approval by the agency of the prospective adoptive couple before the placement of the child in their home.

SERVICES TO SINGLE PREGNANT WOMEN

Counselling

All agencies involved in adoption offer counselling services to assist the young woman in assessing her situation. Options available are presented to her in order to enable her to make a responsible decision regarding her own future and that of her unborn child. As well, the putative father may be involved in the counselling process.

Approximately 28 percent of single pregnant women approach agencies each year for counselling. Of that group, over 50 percent choose to keep their children. Many have very little life experience, education or knowledge of parenting. For these young women, it is essential that counselling and supportive services continue beyond the birth of the child.

In many agencies, unfortunately, there are not the resources to provide the needed service. In recent years, the Single Parent Program has been eroded by the use of staff in areas of greater priority, such as child abuse and neglect. This area of service must be re-examined and strengthened, hopefully, as part of the recommended restructuring of the adoption program and service delivery system.

Maternity Homes

Residential services to single pregnant women are provided by three maternity homes, usually three months prior to birth and two weeks after birth. One of the three homes is also a child placing agency for the purposes of adoption.

Over the past three years these maternity homes have experienced a rise in the number of young women who, in their first trimester, are homeless and cannot be accommodated in the present facilities. These women constitute a high risk group. The problems they are experiencing are representative of a larger social problem than the pregnancy. Such problems as unmanageability, drug or alcohol abuse and prostitution characterize this often transient group. Many of these young women have serious behaviour problems. Their level of maturity and self-esteem is low and their life and parenting skills noticeably lacking. They do not fit into the current programs because of their disruptive behaviour and negative influence on other residents.

These young, troubled women require more help than the three maternity homes now offer. This need has been recognized, and recently, the Minister of Social Services has increased funding to two of the Homes to enable them to develop programs for these women, beginning in the first three months of their pregnancies. The Task Force believes this action is noteworthy in terms of the prevention of future problems for the mothers-to-be and the children who will be born to them.

SURROGATE PARENTING

Surrogate parenting, the arrangement whereby a host mother agrees to give up her child at birth, must be viewed as an emerging issue with social, legal and ethical implications. Child welfare agencies in Nova Scotia informed the Task Force that they are increasingly receiving inquiries about surrogate parenting, although only one brief addressed this issue.

Agencies are looking to the Department of Social Services for direction. Currently, there are no policies or guidelines which address this issue.

Because of the complexity of surrogate parenting, the Department of Social Services cannot develop policy or undertake a thorough examination of the matter without the assistance of other government departments. In this regard, the Task Force recommends:

8.9 that the Department of Social Services, in conjunction with the Departments of Health and the Attorney General, establish a multi-disciplinary committee to study the subject of surrogate parenting and make recommendations for policy development and/or legislation respecting this matter.

SUMMARY

Changing mores and attitudes toward out-of-wedlock pregnancy have, and will continue to, necessitate adjustments in the way in which adoption is viewed and practiced. Increasing demands are being made on services by all parties in the adoption triangle, and current, traditionally-oriented services are not equipped to respond appropriately. The need now is for a major restructuring and re-orientating of the adoption system. Some changes are already taking place, such as in the maternity homes, but more must come.

Emerging issues, such as surrogate parenting, will have unknown impacts on the total service system. These complex matters require the co-operation of several professions and government departments, if they are to receive a thorough examination.

Now, perhaps, more than at any other time in history, the adoption program is in a state of flux, its future unpredictable. It has been overshadowed by other priorities, and weakened as a result. If it is to remain an important and vital part of the social service system, the adoption program must be closely re-examined and changed to reflect developing needs in a changing society.

CHAPTER IX

SERVICES TO ADOLESCENTS

SERVICES TO ADOLESCENTS

INTRODUCTION

It was not until the nineteenth century that adolescence was recognized as a distinct stage in the life cycle. As economic and social conditions improved, young people were under less pressure to leave home and earn a living, thus becoming more dependent on their families. It was "the prolonged dependency of young people upon their parents and their increased education in specialized age-segregated institutions that formed the basis of adolescence." (Katz and Davey, 1978:S117)

In the twentieth century, adolescence is viewed as a stage of human development with its own distinct set of characteristics. Although professionals have different perceptions of what constitutes adolescence, there is general agreement that it begins with puberty and ends when some form of adult responsibility, usually an active contribution to the work of society, is introduced into the life of the individual. (Mitchell, 1974; Sieg, 1974)

Physical maturation, emotional development and the quest for independence lead the adolescent to question the morality of existing societal structures, norms, values, and their own families.

Mitchell states that these moral predicaments pose the fundamental dilemma of the adolescent period. During adolescence, more than any other time in life, an individual assesses his or her actions within the parameters of morality. Adolescence, then, is a discordant and tumultuous period of development of a child moving toward adulthood.

Other factors in the 1980s contribute to the problems of adolescence. The change in familial and societal structures and in public morality affects adolescents. The difficulty of finding a job makes it impossible for some young people to leave home. This increases their dependence on the family, adds to the economic and emotional stresses of the family and creates uncertainty about the future.

Most children survive the turmoil of adolescence to become reasonably healthy adults. There are other children, however, for whom adolescence is particularly difficult. Some of these adolescents have grown up within the Family and Children's Services system or have become part of it after a family crisis. Some are rebellious and are ordered to leave home by their parents, who are unable to handle their rebellion. Some have emotional and behaviour problems and cannot readily adapt to the expectations placed on them by their families and communities. Then there are others who become despondent when they learn, after having left home, that they do not have the skills necessary to become independent wage earners.

The Task Force and Panel on Adolescent Services and Residential Facilities heard a great deal about these and other adolescents. In this chapter of the Report, the Task Force will look at the current service situation for adolescents and discuss some of the issues and concerns expressed in the briefs.

THE CURRENT SITUATION

In Nova Scotia, the Departments of Health, Education and Social Services, as well as private organizations, operate a number of services and facilities to serve the needs of adolescents. While some of these services and facilities, such as foster homes, are community-based, others are residential in nature.

In residential services alone, there are fourteen group homes, four residential centres, four children's training centres, three facilities for the physically handicapped, two psychiatric facilities, three maternity homes, five transition houses, the Nova Scotia Youth Training Centre, and the Shelburne Youth Centre. While a detailed examination of some of these facilities will be undertaken in the next chapter, they have been noted here to show that they fit into the broader framework of services to adolescents.

Although the Departments of Health and Education serve a broader range of children and adolescents than does the Family and Children's Services system, the programs and services provided by each department cut across departmental boundaries. For this reason, it is imperative that the three departments work

co-operatively to best serve the interests of children and adolescents. Ways in which they can do this are highlighted in the following comments.

Education

Seventy percent of all twelve to seventeen year olds in Nova Scotia attend school, and approximately 36 percent of this group are in junior high school. School children have access to guidance counsellors and, depending on the school board, may also have access to professional social workers. In addition, they can receive instructions in subjects such as Health and Home Economics. Earlier in this report, Family Life Education in the public school system was discussed. While those remarks will not be repeated here, it should be noted that the school setting constitutes an opportune environment in which to address common problems of adolescence and adulthood.

As well as the preventive role the education system can play, it can also provide support to adolescents in need. Teachers have a vital role to play in helping adolescents. They can establish a trusting relationship with students, observe when they are in difficulty and refer them to the appropriate services for help. For example, the teacher who suspects a child has been abused or neglected can refer him to the Family and Children's Services system. An understanding teacher can help a student adjust to a new school when he has been transferred from another school as a result of being placed in a different care setting. A sympathetic teacher can also help a child, fresh from an institution, adjust to a school in the community.

The education system offers students the opportunity to learn the skills and attitudes required in the workforce. Its ability to do this determines how much support and services an adolescent may require from the social services system.

Health

Community-based or out-patient psychiatric services are provided by the Izaak Walton Killam Hospital for Children and the Atlantic Child Guidance Clinic in Halifax. There are also twelve mental health clinics throughout the province which provide services to adolescents and their families. In-patient psychiatric services for children and adolescents are located at the Nova Scotia

Hospital and the Izaak Walton Killam Hospital. Although private practitioners provide services, there are only thirteen adolescent and child psychiatrists in Nova Scotia, nine of whom are in the Halifax/Dartmouth metropolitan area.

There are other services and programs available that are funded by the Department of Health. These include general medical services and the Planned Parenthood Association.

Health services are an absolute necessity to those working in the Family and Children's Services agencies because they help a worker provide comprehensive care for his clients. Since professionals in the health and social services systems often differ in their analysis of a particular child's problems and needs, there can be problems in assessing the need for health services and arranging for their delivery. These differences of opinion strain professional relationships and interfere with the services a child should receive.

Health services for adolescents need to be improved. Not only are they unevenly distributed throughout the province, but they are not aimed at primary prevention. In recent years, all Family and Children's Services agencies have experienced an increase in the numbers of adolescents coming into care. To serve them well, it is imperative that the Social Services, Health and Education systems work co-operatively.

ADOLESCENTS IN THE FAMILY AND CHILDREN'S SERVICES SYSTEM

There are two groups of adolescents in the Family and Children's Services system, those in Voluntary Care and those in Care and Custody. A brief picture of both groups will be provided in this section. The statistics are for March 31, 1986, unless otherwise noted, and represent the combined caseloads of the Family and Children's Services agencies and the five offices of the Department of Social Services responsible for child welfare services. The age range of the adolescents is from twelve to eighteen years, inclusive.

Adolescents in Care and Custody

For the period examined, there were 769 adolescents in care and custody - 389 females and 380 males. Of that group, 560, or 73 percent, were ages fifteen

to eighteen inclusive. Chart I shows the breakdown of adolescents in care and custody by age.

CHART I
ADOLESCENTS IN CARE AND CUSTODY BY AGE

Age	12	13	14	15	16	17	18
Number	62	65	82	140	140	147	133
Percentage of all adolescents in care	8.1	8.4	10.7	18.2	18.2	19.1	17.3

Foster care was by far the most frequently used method of care. Five hundred and six adolescents were in foster homes, while 236 were in other kinds of living situations. There was very little difference in the number of males and females in foster homes, although there were slightly fewer females than males. The greater number of children in foster homes were aged twelve to thirteen years.

A review was done of the adolescents, according to sex, age and the length of time in care and custody. About 73 percent, or 559, had been in care and custody less than ten years. Depending on age, between 31 and 48 percent of the sixteen to eighteen year olds were in care more than ten years.

The statistics from the review point to several factors which have implications for the future programming of the care system. Highlighted, these are:

- The population of children in care is aging and there are now a greater number of older (15-18) adolescents in care.

- Foster homes are still the most available care option, although there are fewer of them in urban than in rural areas.

- The traditional foster care system was designed to cope with a younger, non-adolescent child in care and custody. Now that the majority of children in care and custody are adolescents, new attitudes, programs and supports will likely be necessary.

- The large number of older teens who will be terminating their care and custody status in the next few years places a responsibility on the system to prepare them for independent living.

In its review of adolescents in care and custody, the Task Force noted that in the social services system there is a group of adolescents, primarily older teens, living in boarding homes. Without reviewing individual files, there is no way of determining if these teenagers are living in boarding homes because they prefer to or because nothing else is available or appropriate.

Adolescents in Voluntary Care

Caseloads of each agency and the five departmental offices were again reviewed, this time to determine how many children were, or had been, in the voluntary care system. The calender year 1985 was examined.

During the year, 627 adolescents were in voluntary care. Of this number, 286 were over twelve years of age and 340 were under twelve. There were 261 adolescents in care for the first time.

There was a significant variance in the length of stay in care for children under and over twelve years of age. Of those under twelve, 245 were in care for 90 days or less. Of those over twelve, 139 were in care for 90 days or less. The length of stay for the remaining children varied from 91 days to over 207 days. Approximately 11 percent remained in care for over 207 days.

Since most youngsters in care stay in foster homes and are doing so for shorter periods of time, foster parents have more demands and expectations

placed on them. During meetings with agencies and foster parents, the Task Force discussed the implications that a high turnover of children has on the entire social services system.

It is not surprising that children over twelve spend longer periods of time in Voluntary Care than those under twelve. Agencies expressed their concern about these older children to the Task Force, recounting how they come to the agencies with multiple, complex problems. It frequently takes intensive time and effort to help them resolve their personal problems and, often, their family problems too.

A CASE STUDY

Although the care system does have many successes and does effectively serve many adolescents, there is a group of adolescents for whom the system has not worked.

Since statistics and cold facts cannot impart the reality of these troubled adolescents, the following case study, with changes made to conceal the person's actual identity, is presented to illustrate how the system did not work for one disturbed adolescent.

Margaret was eleven when she came into care and custody, the product of a broken home. Her father drank, and beat her mother on a regular basis, often abusing Margaret too.

Margaret had apparently not been damaged by her life of turmoil. The girl with an adorable face was described as friendly, congenial and intelligent, a child anyone would love.

The agency placed Margaret in a foster home. By the age of fourteen, she had been in eleven of them. The same dynamics repeated themselves in each home. Upon her arrival, Margaret settled in as a model child, staying that way until her foster parents reached out to her with love and affection. Then she would become angry and rebellious, thwarting their affection by running away.

She was placed in group homes as an alternate to foster homes but the group home staff were no more successful in reaching her than foster parents had been.

The agency turned to the mental health system for help and after a battery of pscyhological and psychiatric tests, Margaret was diagnosed as having a behaviour problem. After two years of unsuccessful in-patient treatment, Margaret was returned to the community. Not long after that, she got in trouble with the law and was sent to a training school for juvenile delinquents where she was a loner and consequently, disliked by her peers. She was belligerent to staff and, when pressured to conform, would run away. After an evaluation by a psychiatrist, the institution was advised that Margaret should be referred to a treatment facility outside Nova Scotia. Since funds were not available to send her there, she remained in the correctional facility.

When she was released, Margaret got in trouble with the law again. Because she was over sixteen, she was sent to an adult facility. As an eighteen year old who has attempted suicide twice, she faces an uncertain future. There is no facility or service in Nova Scotia to serve her needs.

Despite the best intentions of the many professionals who have tried to help her over the years, Margarget did not receive the care and treatment which would have allowed her to become an independent and healthy person. Instead, she remains a responsibility of the system.

The complexity of Margaret's problematic life, typical of the many adolescents who enter the family and children's services system, illustrates the need to develop programs and services for troubled adolescents.

ISSUES AND CONCERNS

The overriding concerns expressed about services to adolescents can be summed up in three sentences: there are not enough services; existing services are not designed to address adolescent needs; and there is a lack of co-ordination of services among service providers, particularly health and social services. As well, there is no single method of providing service to adolescents outside the

care system who need help. Residential services, to be addressed in the next chapter, were highlighted by presenters as an example of an area where there is a visible lack of co-ordination.

The Age Range for Adolescence in the Service System

It is generally accepted in our society that adolescence begins with puberty, which is correlated with the age of twelve years and extends to adulthood, which is frequently aligned with the legal age of majority. In Nova Scotia, the legal age is nineteen years. With regard to services through the Family and Children's Services system, however, the upper age limit for service is sixteen years for children coming into care or care and custody. Once in the system, services are extended to children beyond their sixteenth year.

Agencies (particularly in the Halifax/Dartmouth metropolitan area) and school board representatives spoke frequently of the need to provide assistance for youngsters who have had no contact with the Family and Children's Services system prior to their sixteenth birthdays but who, at that age or a bit later, become alienated from their families and require services. They told the Task Force of children coming to school carrying their possessions in a shopping bag, sleeping in cars or staying with friends. These children had few, if any, resources. Agencies told stories of children over sixteen years old being referred to them by families, friends, other agencies, the police, or concerned citizens. The agencies cannot help these children because their mandate precludes this age group. Municipalities, on the other hand, often will not serve these young people, although they are mandated to financially help anyone this age who is in need. In any event, most troubled adolescents need more than just financial assistance.

The exact number of troubled older adolescents in Nova Scotia is not known. In the Halifax/Dartmouth metropolitan area, an attempt is being made by metro area agencies to determine how many there are, but the results of their survey are not yet available. Despite the lack of precise data, concern and frustration were expressed across the province about the lack of, and need for, services for older adolescents.

Initially, the Task Force was reticent to recommend a change to legislation to meet the needs of the older adolescents because of the inadequacy of current resources to respond to any resutling escalation in caseloads. However, after having devoted considerable review and discussion to the need for service for older adolescents, the Task Force recommends:

9.1 that contingent upon the provision of additional staff resources,

(a) the Children's Services Act be amended to allow a child between the ages of sixteen and eighteen inclusive to enter into a Voluntary Care Agreement with a children's services agency, without parental consent; and

(b) legislative authority be provided to establish a mechanism for parents to challenge such an agreement, and in the absence of a Court challenge, the child would be presumed to be competent to enter into the agreement for the services.

Co-ordination and Planning of Services

Agencies see adolescents for complex problems such as drug and alcohol abuse, prostitution, lack of education, and unstable home environments. Many are victims of neglect or some form of physical, sexual or emotional abuse. Some, with behaviour problems, are hostile and physically aggressive. Others seem intent on destroying themselves or suffering silently. Still others make mature, valient attempts to deal with their situations.

Since they are not a homogenous group, there must be a range of services to respond to their needs, including programs and services for assessment, counselling, treatment, and education. Throughout its deliberations, the Task Force heard that, while some of these services already exist, there must be a more comprehensive service response for troubled adolescents.

The vested interests of professionals from various disciplines and their lack of understanding of each others' professions hinders their ability to work in a co-operative, co-ordinated fashion and in the best interests of the child. The Task

Force believes that services to adolescents are haphazard and not co-ordinated. Many presenters said that these services are in dire need of co-ordination.

As matters stand now, no one individual is responsible for planning and overseeing the co-ordination of residential and other services for adolescents. The Task Force believes there should be a person responsible for co-ordinating these services and for encouraging a mutual co-operation among the various government departments and community agencies delivering them. The Task Force recommends:

9.2 that a position of Co-ordinator of Services to Adolescents and Residential Facilities be established at a senior level in the Family and Children's Services Division of the Department of Social Services.

One of the first things the Co-ordinator should do is assess the utilization of current resources and services for adolescents, while encouraging the co-operative efforts of service providers.

Assessment Services

A prevalent concern of agencies was the provision of services to adolescents who were termed multi-problem, that is, the adolescent with several problems related to such things as school, health and behaviour. For agencies, these adolescents present a situation of desperation. There are often no appropriate placements available. It is not unusual for the youngsters to be assessed and diagnosed differently by various professionals and be sent from one facility or residential setting to another.

Having listened to the same difficulties of assessment, placement and treatment being expressed by social services, health and educational professionals, the Task Force considers assessment resources as one of the most pressing needs in improving services to adolescents.

At the present time, the service system is based on responding to crisis without a mechanism in place to evaluate the effectiveness of a response. No matter how dedicated or committed, a worker can only do her best in a time of

crisis by placing a child as quickly as possible. Because of time and resource constraints, a child is often placed without a proper assessment, and in the only facility available, even if it not an appropriate one. As a result, the child who does not adjust well may be subjected to a series of placements.

The nature of assessments is another concern. Since each agency does an assessment from its own perspective, some children are assessed and re-assessed by a number of health and social services agencies and facilities. Needless assessments could be avoided if one comprehensive, joint assessment were undertaken.

Current problems in service delivery highlight the need for assessment resources which would result in proper referrals, the appropriate utilization of existing services and the identification of future service needs.

After examining this matter carefully, the Task Force would like to see assessment services developed regionally and operated co-operatively by the health and social service systems to prevent some of the problems currently experienced. In order to achieve this objective, it is recommended:

9.3 that the Departments of Social Services and Health jointly establish and operate three regionally-based crisis/assessment centres for adolescents and other children in care.

It is envisioned that the centres would be small, with perhaps eight beds. They would be community-based and operated jointly by Social Services and Health so that a multi-disciplined array of resources to provide medical, psychological, psychiatric, and social evaluations would be available. The centres would be staffed by highly-skilled and trained child care workers. A child in care or a child coming into care whose needs could not be clearly identified could be referred to the assessment unit for a period not exceeding thirty days. The unit would provide a cooling off and stabilizing period for the child and an opportunity to analyze his/her service and treatment needs.

The Task Force believes it is possible to utilize existing facilities for the development of the assessment centres. Although it is preferable for children to be served in their own communities, it is recognized that not all communities will be able to develop or provide the continuum of service contemplated, and therefore, children needing assessment may have to be placed elsewhere for varying lengths of time.

SUMMARY

During one of the Task Force meetings, a practitioner with adolescents was asked what help he would give to adolescents if anything was available, at any cost. His response was "hope" and a positive attitude towards the future. Despair and a bleak outlook towards their future were the prevalent attitudes he saw in the adolescents with whom he worked.

To some extent, despair also characterizes the service system for adolescents. Staff of agencies seems to be searching for the elusive "something" - a foster home, a treatment centre, an understanding and responsive municipality, a co-operative school, a psychiatrist - to help them with the troubled adolescents they see. Perhaps the family and children's services system has grown into full-blown adolescence itself. As such, it is unprepared and unable to face the myriad problems of a system that, while designed for infants and young children, is forced to respond to the increasing numbers of adolescents who have either grown up in its care or grown up to need its care.

Staff, foster parents and other care-givers are responding in the best way they know. While younger children and their needs cannot be neglected, the system needs to grow and balance these needs with those of adolescents. In the process of growth, some services may have to be restructured or reoriented towards adolescents while new services will have to be developed.

Some of these changes will be very costly and others minimally so. Whatever the cost, it will also take the commitment, willingness and co-operation of all service providers to bring about the needed changes. If the

service providers succeed, they will have the satisfaction of injecting new hope into a seemingly weary system.

CHAPTER X

RESIDENTIAL FACILITIES

RESIDENTIAL FACILITIES

INTRODUCTION

The earliest form of care for needy and dependent children was congregate or institutional care. Conditions, however, were very different from those of the 1980s.

Children were housed with adults and confined to workhouses where conditions were appalling. Early records of the Halifax workhouse show that in the 1830, 74 children were mixed in with the sick and forced to sleep with adult males and females without regard to health or morals. The criticisms of the abhorrent conditions led to deep public concern about the plight of children in the workhouses and, as a result, specialized children's institutions were developed, beginning with St. Mary's Convent in 1849. Although this development did not immediately or entirely end the placement of children in workhouses, the practice had completely disappeared by the end of the nineteenth century, and by 1921, there were thirteen child caring facilities in Nova Scotia. Most were large, orphanage-type institutions which no longer exist as originally established, although some like Bairncroft in Sydney and the Nova Scotia Home for Coloured Children still provide care for small numbers of children.

As legislation for the protection of children was enacted and children's aid societies formed in the latter half of the nineteenth century and early twentieth century, changes began to occur in the residential care system for children. Foster care became a recognized part of the system, although most children remained in congregate care facilities.

In the intervening years, as a result of the changing philosophy of the Family and Children's Services system, a movement away from congregate care has occurred. Today, fewer children are being cared for in facilities, and those facilities that do exist are more specialized. In other words, the norm of care for neglected and abused children is no longer residential care but community care in foster homes. Those youngsters in residential care today are there because they have difficulties which preclude the use of foster care, because

they cannot adapt to foster care, or because there is no appropriate foster care situation available for them.

THE CURRENT SITUATION

In Nova Scotia, the delivery system for residential services for children is both public and private, with the provincial government operating most of the larger facilities, as well as specialized facilities, such as those for the mentally handicapped. The remaining facilities are under the aegis of a Family and Children's Services agency or another community-based, non-profit organization.

Funding for the organizations and operation of the facilities is provided in large measure by the provincial government. The exact nature of the funding arrangements will be discussed in Chapter XI.

A review of all facilities for children and adolescents, exclusive of maternity homes and transition houses, reveals that in the social services system there is a total of 733 beds. Community-based Residential Centres, Group Homes and Congregate Care facilities account for 170 of the 733 beds. The health system offers another 66 beds for the active treatment of mentally ill children and adolescents. In addition, 208 beds for blind and/or deaf children are funded through the education system. These facilities are examined, in this section, according to the category in which they are currently placed.

Residential Centres

There are four Residential Centres located at New Waterford (for boys only), Hebron, Truro, and Halifax. With the exception of the Nova Scotia Residential Centre in Truro, these facilities are privately-operated and house approximately 11 children each, from ages eight to eighteen. The major portion of their populations are adolescents who are experiencing emotional, behavioural and adjustment problems.

All the Residential Centres are staffed on a shift basis, by counsellors, social workers and support staff such as cooks and maintenance personnel. Each differs, to some extent, in terms of admissions/discharge policies, program design and operating philosophy, these being left to the sponsoring group to

decide upon; however, their overall objective is the same - to provide a safe, nurturing environment in which the child can be helped to overcome his difficulties and eventually be re-integrated into the community.

The Nova Scotia Residential Centre in Truro, currently serving 28 children, is the largest of the four facilities. The Centre began operation in September of 1985, as a facility for the care of children with emotional and behaviour problems. Agencies expected this centre, more than any other, to provide therapeutic programming for the most disturbed youngsters in the Family and Children's Services system. These are youngsters with multiple emotional and behaviour problems, and who have undergone multiple placements in various facilities or foster homes. Despite continuous efforts, social services, health and education professionals are often unable to help these youngsters.

Frequently, youngsters in the social services system, unlike those in the health or education systems, are placed by the Court in the care and custody of an agency. Social service agencies are often unable to help them, yet legally, they cannot reject them. Thus, agencies view the Nova Scotia Residential Centre as a placement of last resort in a succession of attempts to help the child overcome the problems which preclude other forms of care.

The Nova Scotia Residential Centre was not designed or equipped with resources to meet the expectations placed upon it. Although the staff of the Centre, to their credit, have, under difficult circumstances, made admirable achievements with the youngsters admitted there, the presentations to the Task Force by agencies were unanimous in expressing their disappointment in the Centre and their hope that the problems being experienced with its operation could be overcome.

Group Homes

Thirteen facilities are classified by the Department of Social Services as Group Homes. These facilities, although funded by the Department of Social Services, are operated primarily by private community organizations and Family and Children's Services agencies. Altogether, they can serve 73 children between ages ten to nineteen, at any one time.

There are two group home models; a parent model with live-in parents who provide personal care continuously with the support of agency staff, and a child care model with rotating staff who provide direct supervision and counselling. As well, some of the homes provide short-term care and others long-term care. Generally, they are smaller than the residential centres, having approximately 6-8 beds each.

As with the residential centres, the philosophy of care, admissions/discharge policies, staffing patterns, and programming are left to the individual organizations to decide upon. There is no overall attempt to co-ordinate the group home system, which means that basically, all thirteen serve the same population. Nor is there a central admissions process as with the Residential Centres. Agencies must search one group home after another for a bed, often referring the same youngster to several facilities at the same time, in the hope of a vacancy. The first space available for placement is accepted, regardless of whether the particular facility is the most appropriate one for the child.

Congregate Care Facilities

There are three facilities which are considered neither Residential Centres nor group homes. These are the S.O.S. Children's Village in Margretsville, the Nova Scotia Home for Coloured Children in Dartmouth and Bairncroft in Sydney. Of the three, Bairncroft, which is one of the oldest continuous residential care facilities in Nova Scotia, is now in the process of re-orienting its services and programming to better meet current care needs. It will have a capacity for 8 children.

The S.O.S. Children's Village distinguishes itself from other residential care facilities in that it operates on a "mother-based" care model with small numbers of children being clustered into individual houses. Although the model was developed as a response to the needs of orphaned children in Europe after the Second World War, it is relatively new in Nova Scotia, having been started only in 1983. The S.O.S. Children's Village currently has a capacity of 24.

The Nova Scotia Home for Coloured Children, founded in 1921 to provide for children in the black community, has, over the years, changed its focus so that it now serves children of all races. It is staffed by child care workers on a shift basis and has a capcity for 32 children.

These three facilities serve essentially the same population of children as the Group Homes and Residential Centres. As well, their operational philosophies and policies, for the most part, are established by their private sponsors, although all three are government-funded.

Facilities for Mentally Handicapped Children

The Department of Social Services operates five facilities for mentally handicapped children. The Nova Scotia Youth Training Centre in Truro is a residential school providing services for 198 moderately and mildly mentally retarded children between the ages of ten and nineteen years. Four Children's Training Centres located at Digby, Dartmouth, Pictou, and Sydney provide care for 160 severely, multiply, mentally-handicapped children from infancy to eighteen years of age, inclusive.

These five facilities have a central admissions committee comprised of health, education and social services officials. In recent years, two phenomena have occurred in all five; they have experienced decreasing populations, and the youngsters being referred to them are, for the most part, multiply-handicapped, with a combination of physical, emotional and mental problems, in addition to their mental retardation. Consequently, although these facilities are serving a smaller number of youngsters, their care and treatment needs have increased.

Shelburne Youth Centre

Under the Young Offenders Act, this facility can provide open and secure custody for 177 male and female young offenders between ages twelve and fifteen years, inclusive. Adolescents admitted are committed for definite periods by the Court.

Maternity Homes

As was mentioned in the Chapter on Adoption, there are three maternity homes serving pregnant, unwed women. Altogether, these facilities have a capacity of 54 beds.

Operated by private organizations and funded by the Department of Social Services, they provide pre- and post-birth services to young women and, as was previously mentioned, one of the homes is beginning to provide special programming for young mothers with behaviour and emotional difficulties.

Transition Houses and Shelters

Five privately-operated transition houses provide emergency shelter to women and children experiencing family violence. Some of the children and adolescents served eventually come into care. There are, as well, two shelters located in Halifax providing emergency care for homeless young women ages sixteen and over.

HEALTH FACILITIES

There are three in-patient psychiatric assessment treatment units for children and adolescents operated by the Department of Health and located at the Nova Scotia Hospital and the Izaak Walton Killam Hospital for Children. At the Nova Scotia Hospital, the 20-bed Princess Alexandra Unit serves adolescents ages thirteen to eighteen years. The MacKay Unit is a 30-bed treatment unit for children ages five to thirteen years. Referrals to both units must be made by a physician or a psychiatrist, usually after children are seen first at one of the community mental health clinics.

At the Izaak Walton Killam Hospital the in-patient psychiatric unit has 10 beds and serves children from infancy to sixteen years. It is designed for much shorter lengths of stay than the unit located at the Nova Scotia Hospital.

The Task Force heard often from social agencies about difficulties of accessing psychiatric treatment services and facilities in the health system. In turn, health professionals from these facilities told the Task Force that social services staff have unrealistic expectations of what they can do for, and with,

the children admitted to their hospitals. Each group appeared somewhat entrenched in its view of the other.

EDUCATION FACILITIES

The Atlantic Provinces Special Education Authority (APSEA) operates two facilities serving children. The Atlantic Provinces Resource Centre for the Hearing Handicapped located in Amherst is a residential school serving 138 children and young adults ranging in age from infancy to twenty-one years, from the Atlantic provinces. The Sir Frederick Fraser School for the Blind in Halifax is a residential school for 70 children and young adults, ages five to twenty-one years, from throughout the Atlantic region. Admission to both is through APSEA and both are totally funded by the four provincial governments.

Several small, privately-operated schools also exist for children with learning disabilities. These schools receive funding through APSEA.

NURSING CARE

One unit designed to provide nursing care to severely physically and severely mentally handicapped children exists at Kentville. This nursing unit has a capacity for 27 children, ranging in age from infancy to sixteen years and is municipally-funded through a per diem rate paid on behalf of each child.

GENERAL COMMENT

Although the Task Force has attempted to provide an overview of all the residential settings serving Nova Scotian children, it is by no means all-inclusive. As the issues and concerns in residential care are addressed in the next section, the Task Force's remarks will be directed primarily toward Residential Centres, Group Homes, Congregate Care, and treatment facilities, although to some extent, they apply to other facilities as well.

ISSUES AND CONCERNS

The Need for Additional Facilities

Throughout its discussions, the Task Force heard about the lack of facilities to serve children and adolescents who are experiencing behaviour and emotional problems. To some extent, the actual need for new facilities remains

unknown because of the way in which the current system is structured and operates. In other words, the beds in the social services system are not organized according to any overall plan or design. Each facility tends to define its own program, admissions qualifications and other policies, without regard for other facilities or overall needs in the system. The health facilities have a more comprehensive design, but clearly, their mandate excludes a number of youngsters who present problems to which the social services system cannot adequately respond. This creates immense pressure on the social services system to add to, and/or enhance, its facilities for children and adolescents. It also increases the "We/They" dichotomy which exists between the two systems and which makes smooth working relationships more difficult.

Although there are clearly identifiable gaps in the facilities system which urgently need to be addressed -e.g., assessment centres (Chapter IX) - the Task Force urges that attempts must be made to: (1) make the Health and Social Services systems more interactive in terms of residential facilities and services; (2) rationalize the current social services facilities system, particularly for adolescents; and (3) redefine the re-utilized existing facilities and beds where populations are decreasing. Only when these tasks are accomplished will there be a better understanding of how many and what type of facilities are required and for what group(s) of children.

Redefining and Rationalizing the Facilities System

One of the initial steps in redefining the facilities system will have been taken if and when the regional assessment centres or units recommended in Chapter IX are developed. These centres are seen as serving the following major functions:

- to provide an interdisciplinary assessment resource for children whose problems and needs have not been, or cannot be, clearly identified through the use of other community resources;

- to allow for thorough joint health and social service assessments of the children served, as well as the identification of the appropriate placement;

- to provide crisis backup services and placement when children and adolescents present behaviour and emotional problems which necessitate their hasty removal from foster homes and other facilities;

- to provide a point of consultation and support for staff and other care givers, particularly in the residential care system, in relation to the management of children and adolescents who are presenting difficulties in foster homes, group homes, and other residential settings.

Located on a regional basis, each of these centres may serve as a stimulus to build a more co-operative network of facilities and services in each region.

Unless the current system of social services facilities is reorganized in a more orderly manner, the system of finding a vacancy, whether or not it is entirely suited to the child's needs, will continue. As was stated earlier, each facility currently establishes its own rules, programs, admissions, and other operating procedures, and each serves essentially the same group of young people. The Task Force believes that each facility within this system must have a clearly defined purpose, program and population in relation to other facilities in the system. This means that more specialization than presently exists should be encouraged and built into the system. The Task Force, therefore, recommends:

10.1 that the child care facilities system be restructured so that the purpose, role, function, and relationship of each facility to the others within the system is clearly defined.

The Task Force has already recommended a Co-ordinator of Services to Adolescents and Residential Facilities. It is this position which should be responsible for the restructuring of the child care facilities system.

Co-ordination

It is clear from other chapters of this report and from discussions with those who presented briefs to the Task Force that the issue of co-ordination

remains an all-pervasive concern. The Task Force has already addressed co-ordination in a broader context, in Chapter II.

There is, undoubtedly, no other point in the system where the lack of co-ordination and its impacts are more visible than in relation to mental health facilities and social services facilities dealing with children who have emotional and behaviour problems. Each system expects more of the other than it can provide. On the one hand, staff of children's services agencies appear to believe that the mental health system is not responsive to the needs of the youngsters in its care. Professionals in the mental health system, on the other hand, think staff of the social services system want to use mental health facilities for children who are not mentally ill, and that they do not understand the limits of the mental health system. In fact, there is some degree of truth in how each perceives the other. Caught in the middle are the youngsters who require the combined resources of each system to help them.

The Task Force believes that the overall co-ordination of policy through the mechanism suggested in Chapter II and the establishment of local level committees of a similar nature may aid in overcoming some of the current rigidity in the health system, as well as the frustrating lack of resources and facilities plaguing staff in the family and children's services system. Whether directed by Health or Social Services, all community- and hospital-based services are part of the continuum of care to which professionals of both systems are committed. Continuum of service remains a theoretical concept only, however, unless there is an interaction and sharing among professionals and facilities in both systems.

In "Once More for Children", Jerome Barkow enunciated and enumerated the problems in the care system. Those problems remain in 1986. The Task Force urges the government to begin to address them so that several years from now another study of services to children will not have to once more note the same problems. The alternative to not dealing with such problems are the expenditure of more money to duplicate the resources of the health system -e.g., psychiatrists, psychologists, and other trained clinicians - in the Family and

Children's Services system in order to meet the needs of the children for whom it has responsibility.

Treatment Facilities

The concerns expressed in relation to the Nova Scotia Residential Centre in Truro must receive the attention of the Department of Social Services, although, as the Task Force is aware, an internal examination of the Centre is underway.

It appears that if this Centre is to meet the needs of the children being referred by agencies, resources available to the Centre must be enhanced. Agencies spoke of the need for a facility that provides close supervision and an intense treatment program to serve the small number of children in their care who are highly unmanageable. At present, these children neither fit into the health care system, nor can be well-served by the social services system. Often, they run away from help. Some even pose dangers to themselves or others. Such a unit could be located at the Nova Scotia Residential Centre, if services and resources there were upgraded. The Task Force believes this to be an option worth considering, and recommends:

10.2 that along with other enhancements to the Nova Scotia Residential Centre, a small, but well-staffed and highly-structured, specialized treatment unit be established.

The Task Force perceives the nature of this unit as having psychiatric, psychological, medical, social work, and other services as essential, integral components.

In addition to the group of children whom this specialized unit would serve, there are a few children for whom the Task Force believes the Province of Nova Scotia would be unable to provide care. Their care and treatment requirements call for intense and highly-specialized programs and closed, secure treatment facilities. Such requirements place enormous strains on already-limited specialists, staff and financial resources. Therefore, out-of-province placement in highly-specialized treatment facilities is the most desirable and cost-effective

way to meet the needs of these children. Only a few such placements occur each year.

Training and Staffing

Both training and staffing areas will be addressed in Chapter XI; however, the Task Force wishes to note that, to date, staff of residential facilities for children have received very little attention in terms of their initial or on-going training needs, qualification and wage scales. Those who operate facilities attribute much of the problem to lack of financial resources. Nevertheless, these facilities are essential components of the total care system in Family and Children's Services and must be perceived as such.

Bruno Bettleheim, one of the world's leading authorities on the residential care of children, wrote that "An institution like a man is both body and soul; and like a man it shall be known by its deeds. If body and soul are not in harmony, if one ill serves the other, there will be conflict and frustration. The soul of the institution is not the institution's philosophy alone but its philosophy ... only as it is practiced by staff" (Bettleheim, 1974:13). Staff are the essential ingredient, and without them the services cease to exist. As the Task Force moves to a discussion of staffing in the next chapter, the reader is asked to remember Dr. Bettleheim's words.

SUMMARY

Residential facilities for children have a long and varied history. Today they serve a far smaller number of children in the Family and Children's Services system than in the past. Those they do serve, however, are primarily adolescents who have severe emotional and behaviour problems.

Facilities lack the resources to deal with the special needs and behaviour problems of these youngsters. To assist them will mean upgrading present resources in facilities, and better sharing and co-ordination between the health and social services systems.

Community services and residential facilities must be seen as providing a continuum of care and be developed and aligned to facilitate this view.

Gaps in facility services must be addressed with specific attention to the need for assessment centres and treatment facilities. This must be done in the realization and acceptance that there will always be a few children who will require services and programs beyond those available in Nova Scotia.

CHAPTER XI
PROGRAM ADMINISTRATION

PROGRAM ADMINISTRATION

INTRODUCTION

The Panel on Program Administration and the Task Force examined three major areas: the structure of services, funding arrangements and staffing issues. These encompassed a review of all operational aspects of the Family and Children's Services system and, to some extent, the general structure of the delivery system of the Department of Social Services.

In addressing program administration issues, care was taken to balance the need for cost-effectiveness of services and programs with social effectiveness, centralization with local autonomy, freedom of choice with control, and efficiency with the need for a responsive and humane system. Whether or not the Panel and Task Force have been able to achieve that balance is left to the judgement of the reader. The range of subjects is broad and the issues are complex but an attempt has been made to examine each objectively.

Since some issues such as co-ordination have been addressed in other chapters of the report, they are not included in this chapter, although they were examined by the Panel on Administration.

STRUCTURE

THE GENERAL DELIVERY STRUCTURE

Family and Children's Services is composed of a mixture of public and private agencies and services. At the heart of its delivery system are fourteen private non-profit family and children services agencies and five district offices of the Department of Social Services. Residential facilities for children and youth, with the exception of those with a correctional mandate or serving physically and/or mentally handicapped children, are essentially private, although like other services, they are substantially government-funded. The two major family counselling agencies in the province are also privately-operated by community boards. The Family and Children's Services system is, therefore, heavily weighed toward the private sector.

The joint service arrangement and the role of the private agency in service delivery were two of the concerns directed to the Task Force and Panel. Although the Task Force is of the opinion that these two concerns are not really major issues in the Family and Children's Services system at this time, they will each be examined briefly.

PRIVATE AGENCIES AND SERVICE DELIVERY

Privatization of public services has become a fashionable concept since the 1970s when the bubble of financial plenty burst, forcing governments to search for more cost-efficient ways of delivering service. Shifting responsibility for human services from the public to the private sector, whether profit or non-profit, was seen as a method of achieving this. The shift was implemented through a variety of arrangements such as grants and service contracts to the private sector.

Arguments for and against privatization have been waged with equal fervor by advocates on both sides. Several Canadian provinces, notably British Columbia, Alberta and Saskatchewan, have made conscious efforts toward the privatization of social services in the last several years. Although there are some advantages to privatization, experience in these provinces has shown that factors such as agency accountability and control of service are extremely difficult to ensure. The practice of reducing costs by hiring workers with fewer skills at lower pay rates also decreases the quality of service to clients. The disadvantages of privatization appear to outweigh the advantages.

In examining the privatization issue, the Task Force perceived that many of the criticisms directed at privatization were in response to situations which arose in private, profit-making, commercial agencies. Since the primary interest of commercial agencies is not the clients, accountability and quality control are more difficult to enforce in these agencies than in the private, non-profit ones.

The Task Force is not against privatization but, having considered the issue at some length, believes that if services are to be provided through the private sector, it is the non-profit agency that offers the best alternative. It is, therefore, recommended:

11.1 that expansion within the family and children's services sector in Nova Scotia be restricted to community-based, non-profit agencies.

It is perhaps fortunate that, historically, Nova Scotia has developed a mix of public and private, non-profit agencies in the family and children's services system and that these two sectors, traditionally, have had a close relationship. These close ties have served to minimize some of the problems associated with the privatization of services. Nevertheless, briefs to the Task Force identified several matters - accountability, management, the responsiveness of services to clients, and the access and monitoring of services - in which the boards of existing private agencies need assistance and support.

In order to enhance the effectiveness of community and volunteer representatives on boards of agencies and to make members better aware of the roles of the agencies, the Department of Social Services, programs, etc., it is recommended:

11.2 that training modules be developed for agency boards.

JOINT SERVICE

Having the same person act simultaneously as the manager of a private family and children's services agency and as the manager of an office of the Department of Social Services is termed a joint service arrangement and is peculiar to Nova Scotia, a province in which only two agencies, the Children's Aid Society of Halifax and the MicMac Family and Children's Services, do not have joint service arrangements.

To some extent, necessity prompted the invention of the joint service concept in the early 1940s when administrative personnel were not readily available and money was scarce, particularly in the rural areas where children's aid societies were expanding. As well, the private, non-profit agency, with its community-based board was seen as a way to acquire a knowledge of community needs in order to respond to them quickly. Locating the services together under

one manager meant that clients only had to go to one location to receive co-ordinated services.

For the most part, the joint service arrangement has worked well. Agencies making presentations to the Task Force cited its advantages, saying it provides a ready mechanism for community input into service development and delivery, while increasing the ability to maintain uniform standards and good working relationships in both the public and private sectors. They also stated that it creates a greater awareness of public services among private board members. As well, the joint service arrangement provides greater leeway for creative problem solving and innovation by the joint head, allowing for better coordination of services for families and children.

Two major disadvantages were noted, namely, the potential for divided loyalties on the part of the joint head and in the larger agencies and offices, and the inability of the one person to fairly and equitably meet the demands of both the agency and Departmental office. Viewed as peripheral problem areas in joint service arrangements were the lack of common salary scales and benefits for agency and Departmental staff as a result of a perceived lower-level funding of agency programs and services.

In the opinion of the Task Force, the model of joint service which was conceived for small, community-based agencies and department offices still remains a good model for the smaller agencies/offices in the province. However, several agencies and offices with joint service arrangements have grown to the point where a single joint head cannot manage the two effectively without additional administrative support. Although the Task Force supports the continuation of joint service in these agencies/offices, as well as the smaller ones, it is recommended:

11.3 that for the larger joint service agencies, there be a Senior Administrator, in addition to the Executive Director, responsible for the day-to-day operation of the agency.

For the reasons already noted, community input into public sector programs and services via an agency's board was seen as one of the major benefits of the joint service arrangement. In the five district offices of the Department of Social Services responsible for child welfare no joint service arrangement now exists. They, therefore, operate without the same level of community participation as the joint service arrangement provides.

Representations were made to the Task Force concerning the desirability of establishing a method to allow for greater community involvement in the five Department offices. Although the Task Force is not suggesting the immediate introduction of joint service arrangements in these district offices, the suggested structure being put forward for providing community involvement may eventually lead to the development of private agencies in those five areas. It is, therefore, recommended:

11.4 that in each of the five district offices of the Department of Social Services responsible for children's services, advisory boards with a broad community representation be appointed.

The Task Force wishes to emphasize the voluntary nature of these boards which should be comprised of citizens from the local community(ies) which the office(s) serves. To enhance the integrity of the service system, these boards must emulate the existing boards of private, non-profit family and children's services agencies in regard to their composition and volunteerism.

CENTRALIZATION AND DECENTRALIZATION

As the system is presently structured, and with the exception of the Halifax Region, the Regional Administrator has two managerial functions. He is the Executive Director of a family and children's services agency and the senior representative and manager of a Department of Social Services' field office. As such, he has the responsibility for staffing and operating all programs and services of the departmental offices and the Family Court in his region and the agency he serves. He also is responsible for developing good community relations. The Regional Administrator reports on program matters to the respective program head and, in relation to administration, to the Director of

Field Services and Personnel, all of whom are located in the central office of the Department of Social Services.

As the senior departmental person in the field, the Regional Administrator's managerial role is constrained by his responsibility to manage a department office, a private agency and the region he serves. His direct involvement in the service delivery of an agency is viewed as diminishing his objectivity and ability to perform evaluations of other child welfare agencies in his region. It also affects his ability to allocate and oversee budgets for these agencies and approve such things as Special Needs Allowance requests.

The Panel examined how the role of the Regional Administrator is affected by an expanding service system, the need for co-ordination of services and an emerging need for an objective individual at the field level to manage the overall system of services in each region. His role must change even more as computerization provides the opportunity to manage regionally what has traditionally been managed centrally. Other tasks such as comprehensive team evaluations of agencies will also necessitate involvement of the Regional Administrator.

The Task Force believes that the role of Regional Administrators should be re-examined to allow for further decentralization of some management functions, and recommends:

11.5 **that the Regional Administrators be relieved of their responsibilities for direct individual agency/office management and that their responsibilities for the overall management of all services and programs in their respective regions be increased.**

HEAD OFFICE ADMINISTRATION - FAMILY AND CHILDREN'S SERVICES DIVISION, DEPARTMENT OF SOCIAL SERVICES

The need for decentralization and a revitalized role for Regional Administrators was just examined. The Task Force would be remiss if it did not point out that decentralization is only desirable if there is a strong, central organization to monitor and ensure quality control of the decentralized

functions. As the head office administrative structure is presently arranged, there are some program service areas operating without firm direction and control. One of these - Residential Facilities - has already been discussed. The establishment of the position of Co-ordinator of Services to Adolescents and Residential Facilities has been recommended. This position is considered a priority by the Task Force.

A review of the current organizational structure highlights the need for other positions. In the present structure, an Administrator is responsible for four major areas - Family and Children's Services, Day Care Services, Homemakers Services, and Special Protection Services. Each of these areas is headed by a Director.

The Director of Family and Children's Services has the overall responsibility for a number of programs - Child Protection, Children-In-Care and Custody, child caring facilities, services to unmarried mothers, adoption services, family counselling services, transition houses, and the Child Abuse Register. Reporting to the Director are four staff - a Consultant, the Supervisor of the Child Abuse Registry, the Co-ordinator of Children-In-Care, and a Solicitor who handles adoptions. Given the breadth and complexity of the Family and Children's Services system, it is, indeed, an impossible task for these staff to develop policies and guidelines for all programs and services in all agencies and facilities, to monitor and evaluate those same programs and services, to review individual case files to ensure the needs of children in care are being met, to process adoptions and adoption enquiries, to manage the Child Abuse Register, and to provide consultation and advice to agencies.

Until a few years ago, there was a Co-ordinator of Adoptions and a Supervisor of Adoptions. As the adoption program waned and demands in other program areas increased, the Co-ordinator's position was terminated and the Supervisor's position re-designed to allow for a Co-ordinator of Children-In-Care. That Co-ordinator now handles the total Adoption Program, as well as other services and programs for children in care, whether in foster homes, residential facilities or boarding homes. She is also the liaison for community organizations of foster parents, adoptees and adoptive parents.

Upon examining the Adoption Program and determining its need to be revitalized, the Task Force made recommendations to this effect. The Task Force believes that the position of Co-ordinator of Adoption Services must be re-instated to allow this renewal to occur. It is, therefore, recommended:

11.6 that a position of Co-ordinator of Adoption Services be established in the Family and Children's Services Division.

This position and that of the Co-ordinator of Services to Adolescents and Residential Facilities can be placed in the present structure without necessitating a major reorganization. The Task Force views the addition of these two positions a minimum and immediate requirement for revitalization.

The prime concern of the Task Force is the overall organization of the Family and Children's Services Division. Certainly, the position of Director of Family and Children's Services appears to carry far more in terms of responsibility and caseload than the Directors of Day Care Services, Homemakers Services and Special Protection. On the other hand, certain positions in the adoption and children-in-care areas, which should be at the Director level, must instead report to the Director of Family and Children's Services because of the current divisional structure. The structure also effects the establishment of new positions reporting to the Director of Family and Children's Services because these positions must be installed at a lower level in the organizational hierarchy.

The Panel on Program Administration and the Task Force believe the present administrative structure of the Family and Children's Services Division has to be re-organized to better reflect job responsibilities and service requirements. In such a restructuring, the duties and responsibilities of the Director of Family and Children's Services can be recognized by raising the position to that of Executive Director. After a clarification of job responsibilities, other positions might then be moved to the Director level. Since the Director, a Consultant, a Co-ordinator, and a Supervisor are trying to cope with the workload, each becomes involved in the administration of several program areas. For example, the Consultant does some, but not all, evaluations

of agencies, collects and keeps some, but not all, of the statistics, provides some consultation to agencies and so on. The role and function of each position becomes obscured and is confusing to agencies and organizations.

The Panel and the Task Force each worked out a proposed organizational structure but neither was satisfied with each other's or with its own. Instead of presenting either plan, the Task Force has decided to list the positions it believes should be included within a restructured Family and Children's Section of the Division. These are, as follows: Executive Director of Family and Children's Services; Consultant, Program Planning and Evaluation; Director of Child Protection Services (including the Child Abuse Register and transition houses); Director of Children-In-Care (Foster Care); Director of Services to Adolescents and Residential Facilities; Director of Adoption Services (including post-adoption services); a Director of Family Support Services (including early intervention, teaching homemakers services, counselling, respite care); and Co-ordinator of Adoption Services.

Although the Task Force believes all these positions should be included in a restructuring, it considered the following combination of three new positions and two upgraded existing positions a priority: Co-ordinator of Services to Adolescents and Residential Facilities; Co-ordinator of Adoption Services; Director of Family Support Services; Director of Child Protection Services; and an Executive Director of Family and Children's Services.

The Task Force recommends:

11.7 that the Family and Children's Services Division be reorganized and enhanced with additional staff to strengthen its ability to administer and evaluate the programs, services, agencies, and facilities for which it is responsible.

STAFFING AND RELATED ISSUES

INTRODUCTION

There was no area of administrative consideration which drew as much fervent comment and discussion as staffing. Staffing issues can be listed under

four headings: caseload/workload, qualifications, staff training, and salaries. Each of these areas, addressed separately in this section, will apply to both agencies and department offices unless otherwise noted. Before beginning its comments on staffing issues, the Task Force would like to make some general remarks about staff.

During its deliberations, one of the comments the Task Force heard was that it would undoubtedly recommend an increase in staffing for Family and Children's Services, as an increase in staffing is consistently perceived as a solution to all service delivery problems. Since the Task Force has already recommended the hiring of more staff, the critics are right to some degree.

Approximately 77 percent of the provincial funding provided for family and children's services agencies and facilities goes toward salaries for staff. An estimated 690 staff are employed in departmental offices, family and children's agencies, child care facilities and maternity homes, alone.

What these critics failed to realize is that staffing is the most essential element in the Family and Children's Services delivery system. The system is built on human relationships - for example, the relationship between the child protection worker and the abused child, the counsellor and the family, and the child care worker and the troubled adolescent. The ability of the staff member to utilize his or her knowledge, talents, personality, and life experiences to assist a client is the basis of the service system - and the key that makes it work. A worker's skills and abilities translate, in a broader context, into quality of service and care. It would be pointless for the Task Force to mention upgrading the quality of care, standards and service without recommending an increase in staffing.

Throughout this report the Task Force has highlighted the drawbacks in the Family and Children's Services system and been critical of programs, services and staff; exposing flaws was, after all, part of our mandate. It seems appropriate, however, to acknowledge at this point one of the greatest strengths of the system - the staff. With all its flaws, the staff have made the system

work for the majority of families and children it has served, and the Task Force recognizes their sincerity and commitment in that achievement.

CASELOADS AND WORKLOADS - FAMILY AND CHILDREN'S SERVICES AGENCIES

Introduction

One of the difficulties experienced by the Panel on Program Administration and the Task Force was in trying to analyze caseload/workload statistics related to the comparability of data. Each agency/department office collects and interprets its caseload statistics differently. Several times, source information had to be referenced or clarified before reasonably accurate figures were available. Given the development of standardization of data collection in relation to computerization of information, the Task Force trusts that the problems it experienced will soon be overcome, and eliminated from future use.

Regardless of the data collection difficulties, there are major difficulties in caseloads in all program areas. Nova Scotia caseloads, when measured against standards set by the Child Welfare League of America (C.W.L.A.) and those utilized in other provinces, were high. As an example, in 1980, Abt. Associates of Canada undertook an inter-provincial comparison of child welfare caseloads on behalf of the Province of Alberta. Caseload comparability was established for the study, and average caseloads per staff determined. Nova Scotia, at 55.4 cases per worker, had the highest caseloads.

Child Protection

Child protection was the foremost concern of the presenters, the Panel and the Task Force. According to the C.W.L.A., if effective service is to be provided in protection services, a full-time practitioner is required for every 20 families, assuming the rate of intake is not more than one new case for every 6 existing cases. This organization also recognizes that the appropriate caseload size for a worker will vary according to other factors such as the geographical area served, the availability of support services, the complexity of cases, the skill and experience of the worker, and the amount of time required for administrative functions. In Nova Scotia, current caseloads for child protection vary from 40 to 90.

Foster Care

A major consideration in determining the appropriate caseload size for foster care is the amount of quality time available for contact with the child, the foster family, the natural family (where involved), and staff of resource and collateral services. Sufficient time must also be alloted for the development and implementation of a plan for the child. The C.W.L.A. suggests that a caseload of 20-30 children per worker is ideal.

In Nova Scotia, caseloads in foster care are not only higher than the C.W.L.A. standard, they are often comprised of youngsters from a mixture of programs. For example, one worker's caseload consisted of 29 children in foster care and 48 child protection cases. In that scenario, foster care is not the priority.

In February, 1986, the average caseload ranged from 36-64. Most caseloads were mixed, consisting of some combination of foster care, unmarried mothers and child protection.

Adoption

As with other program areas, the C.W.L.A. suggests caseloads be determined by the complexity of workload and any other relevant variables. The standard set for adoptions of older children and special needs children is 10-12 active cases per worker. In Nova Scotia, only the larger offices have caseloads that are not mixed. Most agencies have part-time staff in the adoption program or have staff who carry mixed caseloads. All caseloads are higher than the C.W.L.A. standard.

Staff Increases

In recognition of staffing needs, specifically in the Child Protection area, the Minister of Social Services approved eleven new positions in Family and Children's Services agencies, effective October 1, 1986. Fifty percent of the funding for the eleven workers for the 1986/87 fiscal year came from the Department of Social Services and the other 50 percent from private funds raised by each individual agency. The agreement made with the Minister respecting the positions was that they would not be built into the base budget of

agencies during that fiscal year. This meant that there was no longer term commitment for the funding of these positions. The Task Force understands that efforts are now being made to ensure these are included in the budgets for the 1987-88 fiscal year.

Obviously there is a need for staff increases, not only in the child protection area, but in other areas as well. Child protection is a priority, however, because of the existing high caseloads and the pressures resulting from increased child abuse referrals, which are extremely complicated and time consuming. This must be considered in addressing staffing requirements.

With regard to the staff of agencies and department offices responsible for child welfare, the Task Force recommends:

11.8 that average caseload sizes be reduced to 30 within a three-year period, beginning in 1988-89, with particular attention to child protection.

The standards and guidelines of the C.W.L.A. should be a major resource in deciding the appropriate caseload size for each program area. In child protection, for example, 20 may be considered a maximum caseload.

STAFFING - RESIDENTIAL FACILITIES

With regard to residential facilities for children, the C.W.L.A. recommends that the size of the group be determined by the nature and severity of the problems of the children being served, their ages and the number of staff members available at all times. In group facilities for troubled adolescents, for instance, one counsellor for every 3 residents is the suggested ratio during active daytime and evening periods. In other situations and depending on the facility, the maximum number of children with each counsellor should be no more than 6-8. Actual ratios must be adjusted to permit:

- the appropriate individualization of the child by the adult in charge;
- the close observation of a child, in order to provide continuing and flexible planning tailored to that child's needs;

- the child to feel security and comfort through knowing that the adult is physically close and available day and night;
- the child to resolve individual and social conflicts at his or her own pace;
- the meaningful interaction of each child with other members of the group;
- the opportunity for the child to feel important and special in his or her own right, even while being part of the group;
- the opportunity for the child to develop responsibility in carrying out activities of daily living;
- the flexible handling of routines.

When staff-to-child ratios exceed that number, the facility serves a custodial function. In other words, active programming is not possible and staff efforts are directed solely toward supervision.

When examining the staff-to-resident ratios in some of the facilities operated by the Department of Social Services or under its aegis, the number of residents to direct-care staff exceeds acceptable guidelines.

The Nova Scotia Youth Training Centre has three groups of 12 children with one counsellor in charge of each. At the Nova Scotia Residential Centre there are two groups of 7 difficult-to-manage children with one counsellor on duty in each group, and one group of 14 with two counsellors on duty in the group. The Shelburne Youth Centre has one group of 17 young offenders supervised by one counsellor, five other groups with one counsellor each on duty, the smallest of which consisted of 7 young offenders and two groups of 7 and 8, each with one counsellor and a group of 10 residents, who committed to secure custody, are supervised by two Counsellors.

Child-staff ratios in other facilities vary according to the size of the facility. In a small facility, a counsellor on a shift with 8 or 10 children is vulnerable to more problems than a counsellor in a larger facility where there is at least one additional staff member to call upon in the event of problems. Staff in the smaller facilities are isolated, and if a crisis occurs, they are on their own.

Therefore, if a child becomes ill, acts out or needs restraint, the other children must be left alone temporarily while the single staff member responds to the immediate problem at hand.

High staff-child ratios impede programming, pose safety hazards in terms of control and supervision, and generally decrease the facility's standard of functioning.

The Task Force regards it as imperative to set clear guidelines for staff-child ratios in child care facilities in accordance with an agency's size and the nature of its client population. It, therefore, recommends:

11.9 that the staff-child ratios in child caring facilities be enhanced to range from 1:3 to 1:8, depending on the nature of the facility and the children being served.

STAFF QUALIFICATIONS

Introduction

Without exception, the Panel report and briefs supported an increase in the minimum entrance level qualification for field positions in Family and Children's Services. A Bachelor of Social Work, the basic degree in social work, was perceived to be the desired entry level qualification. Agencies based their rationale for this decision on such factors as the increasing complexity of cases being served and the degree of skill and knowledge required to respond to the needs of clientele.

Having a basic community college level course in child care was considered the required minimum requirement for working in child caring facilities.

Current Situation

In Nova Scotia, both social service workers and social workers provide services to children and their families through agencies and the offices of the Department of Social Services. Social service workers must have a Grade 12 plus six years related experience or a Baccalaureate degree. Social Workers

must have a Bachelor or a Masters of Social Work Degree. Social service workers and social workers deliver all children's services programs, including child protection, supervision of children in care, adoptions, foster care, and counselling to unmarried mothers. They are also employed as counsellors by residential facilities.

In practice, no distinction is made between a social service worker and a social worker. In fact, each may be responsible for very similar caseloads.

In residential facilities for children, staff who are responsible for what is often termed the daily living program are designated as counsellors or child care workers. Both carry out the same functions. The minimum qualification for a counsellor position is Grade 12. Since no special training or experience is required, this means that a person having just graduated with a Grade XII and having no related experience could assume the position of counsellor for a group of mentally handicapped children, young offenders or disturbed adolescents.

Having examined staffing qualifications in other provinces, the Task Force learned that Ontario and Alberta have recently addressed the qualifications necessary for staff working in child welfare programs. Both either currently require, or will soon require, a Bachelor of Social Work Degree as an entry level qualification.

The C.W.L.A. recognizes the desirability of having a Bachelor's or a Master's of Social Work Degree as an entrance level requirement. At the same time, it emphasizes the need for staff to meet training requirements and ensure competence in their specific job duties. In addition, the C.W.L.A. states that in agencies where staff do not have professional degrees, casework supervisors should have a Master's Degree in Social Work.

In three of the five district offices of the Department of Social Services responsible for child welfare programs, the District Supervisors do not have professional social work education. The same is true of supervisors in six of the Family and Children's Services agencies. Most of these offices and agencies function well in terms of management. The Task Force believes, however, that

in agencies and offices where neither the senior manager nor staff have professional social work education, casework supervisors who do have professional social work education should be employed.

In the 1960s and early 70s, trained social workers were scarce in Nova Scotia. By necessity most programs and services were staffed by persons with high school certificates or undergraduate degrees. Over the last ten years, the situation has changed. Jobs have become scarce, Bachelor of Social Work programs have been developed and more graduate social workers are available.

The Nova Scotia Civil Service Commission, in consultation with the Department of Social Services, establishes the requirement for all public service positions in Family and Children's Services. The requirements and qualifications for positions in Family and Children's Services have not changed for at least fifteen years.

The current staffing situation reflects outdated criteria for hiring staff and the conscious efforts of private agencies to hire qualified staff.

In the five District Offices of the Department of Social Services, there are 40 staff in the Family and Children's Services programs in direct service. Of this number, 6 have Master's Degrees in Social Work, 14 have Bachelor of Social Work degrees, 16 have Bachelor degrees in other fields, and 4 have technical training. Of the 107 staff in direct service within the private children's services agencies, 35 having Masters degrees in Social Work, 34 have Bachelor of Social Work degrees, 22 have Bachelor of Arts degrees, and 16 have technical training.

As the Panel on Administration stated, "There is no doubt that today's society demands and expects the best trained and capable personnel possible and that changing attitude towards today's problems in the child welfare field certainly requires a highly trained staff." The Task Force believes, as did the Panel, that although not all jobs - e.g. case aide - in Family and Children's Services require professional qualifications, most do. It is, therefore, recommended:

11.10 that the Department of Social Services and the Nova Scotia Civil Service Commission set the entry level qualification in children's services at

(a) the B.S.W. level, or beyond, for field offices and agencies; and

(b) the community college level certificate in child care, or beyond, for counsellors in residential facilities,

with the exception of those jobs which are viewed as providing support staff to work with professional staff.

SALARIES

Salaries for social service workers, social workers and counsellors within the Province are established by collective agreement between the Nova Scotia Government Employee's Union and the Province through the negotiating process with the Civil Service Commission. For the most part, private agencies, including family and children's services and children's aid societies, adhere to salary levels negotiated by government. The current classification and annual starting salaries effective December, 1985 are:

- Social Service Worker - PR4 - $21,142
- Social Worker (BSW) - PR5 - $21,990
- Social Worker (MSW) - PR8 - $24,851

Counsellors, on the other hand, are in a technical classification (TE). A person who has graduated with Grade XII, would upon employment, begin at a TE 8 level with an annual salary of $16,312,92 (effective March, 1986).

Several inequities regarding salaries must be addressed. Firstly, the broad classification of social service worker is used to designate positions that involve working with everything from complex, high risk child protection caseloads to a variety of income maintenance programs. A Social Service Worker with the same qualifications will be paid the same salary whether employed in child protection or carrying out family benefits investigations. There are many

arguments for instituting differential pay because of the level of difficulty of position.

Secondly, as it now stands, a social worker with a difficult caseload consisting of adolescents in care or in child protection is paid the same salary as a social worker with less onerous duties. Several agencies and the Panel on Program Administration urged that salary scales be aligned more closely with workload and responsibilities.

Thirdly, as was noted by the Panel on Program Administration, the difference in salary for a line social worker in Family and Children's Services and one carrying the responsibility of Casework Supervisor is, indeed, very small. Within the Department of Social Services, a social worker with six years of experience achieves a rating of Social Worker 3, PR 10(6) at an annual salary of $32,902.74 (effective December, 1985). The same employee promoted to Casework Supervisor III would be classified at a PR 12(5), with a salary of $34,174.14 - a raise of $1,271.40.

Most social workers directly involved in service delivery receive a monthly travel allotment of $203.27 and are paid 23.1 cents for each mile they travel. Most of these workers perceive their travel allotment, amounting to $2,439.23 yearly, as part of their total income. They also receive such fringe benefits as reimbursement for parking. Since they are not required to travel, Casework Supervisors are not eligible for the monthly travel allotment. They must also pay for parking. Salary is definitely not an incentive for promotion from a social worker in the field to a Casework Supervisor.

As previously noted, the Civil Service Commission regulates the salaries of social service workers and social workers delivering Family and Children's Services in the Department of Social Services offices. Private agencies, while attempting to pay the Civil Service rates, have the latitude of increasing salaries by using private funds. This invariably leads to discrepancies in salaries for similar positions in offices and agencies which are located side by side.

Agencies are also able to compensate workers by giving them time off, educational leave, increased vacation time, vacation pay, or overtime pay. Rules governing such matters in the Department of Social Services are more rigid, although there are some provisions for stand-by, callback and overtime pay.

The Task Force recommends:

11.11 that the position classifications and salary scales for (a) managerial and supervisory personnel, and (b) child protection staff be upgraded to adequately reflect job responsibilities.

STAFF REPLACEMENTS

Concern was expressed about the length of time required to replace a social service worker or social worker in family and children's services - on average, four months. This is assuming there are no difficulties with the documentation required, that Management Board meets on a regular schedule, that there are no special requirements for the position (such as it being located in a remote area), or that the Civil Service Commission has not proposed a priority list of employees in a similar classification who are on lay-off status.

Some positions are filled in less than four months, though not appreciably less, while other positions take longer to fill. Although the Department of Social Services often uses casual employees in Family and Children's Services to cover crisis situations, this in no way detracts from the necessity to streamline and shorten the process for replacing field staff. The Task Force believes the length of time it takes to replace staff demonstrates a lack of appreciation for how important services are to families, neglected and abused children. It also demonstrates the government's lack of commitment to these families and children. The Task Force hopes that by bringing attention to this situation, it will change for the better.

STAFF DEVELOPMENT

Introduction

Throughout this report the Task Force has mentioned the importance of having well-trained and knowledgeable staff in Family and Children's Services. Staff are the key to service provision.

Staff today are facing caseloads that are heavier, more demanding and more complicated than in the past. Resources are strained, and the Task Force was informed staff are often overworked and frustrated at their inability to provide adequate time and attention to clients.

One of the realities of the 1980s is that staff are being asked to provide service to a greater number of clients than in the past. Subsequently, they often find themselves unable to meet the complex problems of their clients, and therefore, believe that training for staff in all service areas is imperative. Given tight budgets and the fact that staff development is generally not seen as a priority by government, few dollars are spent on training.

In addition to making strong statements about the role that staff play in service delivery, this Report emphasizes the need for staff training. When staff are obliged to struggle with limited resources, morale becomes low and services suffer. Therefore, staff development is a vital investment in the service system, both now and for the future.

Staff development allows staff to upgrade their skills, increase their knowledge and revitalize themselves. Most jobs in children's services are stressful and emotionally draining. They require staff members to continually re-assess their abilities to do their jobs well and serve the best interests of their clients. Staff burnout, while a reality, can be lessened by providing staff with opportunities to develop and renew themselves.

The quality of service has been mentioned several times in this report. There is no doubt that staff development helps create staff who are better

prepared to handle their assigned job responsibilities. In this way, it adds to the quality of the service provided.

Other professions and disciplines have long recognized the value of staff development. Some, like the teaching profession, have allotted a few days each year solely for this purpose. Child welfare services, because of their nature, cannot withdraw service even for a short period of time. Surely, however, some method can be devised to allow staff of Family and Children's Services opportunities for staff development. As the Task Force looks more closely at staff development, this possibility should be kept in mind.

Current Situation

Staff development has two facets: orienting new staff, and providing existing staff with opportunities for upgrading established skills and for learning new skills and acquiring new knowledge.

The orientation of new staff, whether in Family and Children's Services or other programs, is largely the responsibility of the individual agency or the office of the Department of Social Services. The Supervisor of Staff Training has developed a standard orientation course for the Department. The course includes an orientation to the Department of Social Services' structure and organization, and an orientation to the specific program in which the worker is employed. The Supervisor of Staff Training monitors the progress of the new employee through the various phases of the orientation course. In contrast, each agency establishes and conducts its own orientation program.

Staff development in the Department of Social Services and most agencies has consisted of short courses on topics such as child abuse, adoption and foster care. Courses in these areas have been offered by the Department itself, and by private agencies or organizations. A few supervisory and managerial courses have also been provided.

Since there is no agency with its own Supervisor of Staff Training, the Staff Training section of the Department of Social Services has traditionally provided the major portion of the training for both Department staff and staff of

Family and Children's Services agencies. Due to staff vacancies and scarce resources in recent years, the Department has been unable to meet the increasing demand for training in the child welfare area. Staff involvement in external endeavors, such as conferences, has been decreased due to budgetary restraints and travel restrictions.

Issues and Concerns

Training was perceived as a need for all programs and facilities. The training of supervisors and managers was considered a priority by the Panel on Program Administration and those who presented briefs. Given such broad needs, concern was expressed about the inadequacy of the current staff development structure, particularly within the Department of Social Services.

In response to the criticisms, the Task Force undertook a review of staff training budgets, discovering that, although the demands for training were fervent and its importance stressed, budget expenditures do not reflect this.

In 1985-86, seven of the thirteen Children's Aid Societies had training budgets of less than $1,000 and the others, with the exception of the Children's Aid Society of Halifax, had training budgets of less than $2,600. Indeed, budgets may have been trimmed over the years but the fact that the majority of agencies underspent even their sparse training budgets demonstrates, in the opinion of the Task Force, a serious lack of commitment to staff training. Unlike the agencies, the offices of the Department of Social Services have no training budgets. Training funds are handled centrally by the Supervisor of Staff Training. Although the District Supervisors told the Task Force that they have requested funds for staff training for their offices, the Task Force is of the opinion the overall staff training budget must be increased and a training plan established, before any decentralization of training funds can occur.

Most agency Executive-Directors, Regional Administrators and District Supervisors, as well as several other private organizations, were critical of the role of the Department of Social Services in staff training. They were also critical of its ability to respond quickly and appropriately to the training needs of staff in all areas of Family and Children's Services. Obviously, since most

agencies had training funds which were under-utilized, they, too, must accept some responsibility for the situation.

Although heavy caseloads and service demands make it difficult for staff to take even short periods of training, it appears that most managers and supervisors do not perceive training as a continuous and important process for which they are responsible.

Unlike the agencies, most children's facilities made no allowance for staff training in their budgets because of the tight financial restraints in which they were operating. Most, however, were aware of training needs, and made attempts to take advantage of any training opportunities available to their staff. The training needs of the private child caring facilities are as great, if not greater, than the agencies because there has been little, if any, training available to them in recent years.

Staff training is a vital part of the social service system. As previously noted, it helps to maintain good staff morale and prevent burnout. It introduces current thinking in subject areas, it stimulates professional curiosity and helps to keep staff from stagnating. The Task Force considers staff training to be essential in ensuring a standard of good quality services in family and children's services, whether community - or institutional-based.

The current Staff Training Section of the Department of Social Services consists of one person, a Supervisor of Staff Training, with an annual budget of $47,300 (in 1986/87), who is responsible for staff development - not for Family and Children's Services alone, but for the entire Department. Meeting the training needs of the Family and Children's Services system, let alone the whole Department, is impossible with such sparse resources. Although the Task Force is convinced that agencies and facilities must accept some responsibility for the development of their own staff, the need for one central focal point to take the lead in organizing and developing training programs is also recognized.

The Task Force supports the need for changes that will create a better system for staff development and contribute to staff functioning. Accordingly, it recommends:

11.12 that

(a) the personnel and monetary resources of the Staff Training Section of the Department of Social Services be increased;

(b) a comprehensive staff training program be developed for Family and Children's Services, with a goal of implementation during the 1987-88 fiscal year;

(c) the Department of Social Services utilize resources such as the Maritime School of Social Work of Dalhousie University, other universities and the Departments of Health and Education to assist with staff training endeavors.

With regard to the staff training plan, the Task Force suggests it be developed by the Supervisor of Staff Training in co-operation with representatives from field offices, agencies and child caring facilities. Management and supervisory training should be two of the training needs considered initially and incorporated into the training plan.

FUNDING

Introduction

As history reveals, the provision of services to children and families was originally very much a private, charitable endeavor. The beginnings of many of today's services are rooted in those begun and funded by churches and various religious and community organizations, such as the Society for the Prevention of Cruelty to Animals. Over the centuries, most notably in the twentieth century, demands for service increased as private funds diminished. An increasing public concern for neglected and abused children and families in need resulted in the mandating of services and a shift in funding from the private to the public sector. Today in Nova Scotia, the major portion of the funds for most family and

children's services agencies and facilities come from federal, provincial and municipal governments, with a small portion derived from private contributions.

FUNDING - FAMILY AND CHILDREN'S SERVICES AGENCIES

Current Situation

Family and Children's Services must submit Projected Operational Plans for the next fiscal year to the Department of Social Services, in the Fall of the preceeding year. This timing was established to allow for the inclusion of funds for agencies in the Department's budget. Agencies hear nothing further on their budgets until the late Spring of the following calendar year, after the Estimates of the Department receive the approval of the legislature. At that point, Departmental officials meet with agency representatives to review their requests and to correlate those requests with the Departmental allocation for Family and Children's Services. Following this review, the Administrator of Family and Children's Services and his staff make a recommendation respecting each agency's grant to the Minister of Social Services. The grants are then finalized.

Issues and Concerns

Funding received considerable attention in agency submissions to the Panel and the Task Force. Several common concerns and themes were prevalent.

The major concern among agencies was the inequity that they perceive with regard to the distribution of government funding among the various agencies. Because there is no criteria for division of funds along population, caseload or geographical lines, some agencies appear to receive more than their fair share, and so are better staffed than others. Agency representatives said that current funding is more contingent on lobbying and the negotiating skills of each agency's representatives than it is on the fair distribution of available dollars.

The Panel examined various funding options - line-by-line and formula -and reviewed the experiences of other provinces. Each method had flaws and none was considered sufficiently good to ensure equity. The option most favored was a combination of a line-by-line approach and a funding formula based on

population considerations and weighed for certain variations such as socio-economic factors in a specific geographic area.

The Task Force believes that there is no guarantee that such a combination or any other option will ensure equity to the satisfaction of the agencies. However, because this concern received so much attention from agencies and because there appears to be a need for clear funding guidelines, the Task Force believes that there is a need to establish an impartial body to which agencies can present their requests.

The Task Force, therefore, recommends:

11.13 that a budget review committee composed of a Chairperson, two representatives from the agencies and two from the Department of Social Services, be established to:

(a) review the Projected Operational Plans of agencies;

(b) meet with agencies on a regular basis to discuss their program and service priorities; and

(c) make recommendations to the Minister on the overall priorities for funding, staffing and programming for the agencies.

In examining the requests, the Committee should consider caseloads, workloads and other matters which may impinge upon funding needs. It should ensure that the level of funding among the various agencies is as equitable as possible. The Committee should undertake its work from April to September of each year.

One matter raised with the Task Force and not addressed elsewhere is the effect that the creation of the MicMac Family and Children's Services agency will have on the provincial funding of other existing agencies that serve the native population. Some adjustment must be made in the provincial grants to these agencies to compensate them for their loss of revenue. The Task Force understands that the Presidents of these agencies are currently negotiating this matter with the Minister of Social Services. However, if the issue is still

unresolved when the recommended Review Committee begins its work, the Committee should address this item immediately.

Matching of Privately-Raised Funds

In 1978, in an effort to encourage agencies to raise private funds, the Department of Social Services instituted a system of matching money raised privately by agencies. Beginning at a matching grant of twenty-five cents for each dollar raised, over a four-year period, the matching formula increased twenty-five cents each year until one dollar of provincial money was provided to agencies for every dollar of private money they raised. In 1982 the matching formula was reduced by the Department of Social Services to its original level; that is, for each dollar of private funds raised, the Department reimburses the agency twenty-five cents.

Funds received by an Agency from the Christmas Daddy Program, unsolicited donations and bequests are not subject to matching provisions. Although an agency may determine the use of the funds prior to expending them, approval to do so must be received from the Administrator of Family and Children's Services.

During their presentations, agencies made a plea for an increase in the matching formula to a dollar-per-dollar level. Further, they requested that consideration be given to matching all funds, whether unsolicited donations or not.

The Task Force is aware that privately-raised funds and other donations enable agencies to extend their services or meet the special needs of their clientele without relying on provincial funding. Fund raising also increases each agency's visibility in the community and encourages community involvement. The Task Force believes that such efforts should be encouraged and that matching grants are an appropriate method of doing this. Thus, it is recommended:

11.14 that

(a) over a three-year period beginning in 1988, the matching formula be raised twenty-five cents each year until it reaches a dollar for each dollar raised privately by agencies; and

(b) the provincial matching funds be paid upon receipt of an agency's year-end statement of privately-raised funds and be subject to audit at a later date.

MUNICIPAL - PROVINCIAL FUNDING OF CHILDREN'S SERVICES

Introduction

Municipal involvement and the formula used for various aspects of Family and Children's Services, such as Apprehensions, Ward Costs and Voluntary Care, are varied and complex. Some are related to residency requirements officially known as "settlement", a concept based on the British Poor Law of 1601, while others are related to the 1954 Foundation Scale for Education and the Per Capita Grant Formula legislated under the Children's Services Act in 1976. These financial arrangements with municipalities are unique to Nova Scotia. Most other provinces either pay one hundred percent of the costs or, as in Ontario and Alberta, share them on a formula basis with municipalities.

Current Situation

Under the present arrangements, municipal contributions are made separately to both the operating and maintenance costs of children's services programs. The contribution for operating costs, provided for in Sections 94(3) and (4) of the Children's Services Act, is currently thirty-six cents per capita. This money is paid to defray the cost of staff salaries and travelling expenses incurred in the provision of child protection services.

With regard to maintenance payments, two separate arrangements exist:

(a) If the child is in care and custody and has settlement within the Province, the municipality contributes one-half of the current approved foster home care rate, regardless of the placement of the child. Thus, if the child is in a congregate care setting where a much higher per diem rate exists, the municipality shares only in the foster

home care rate, again on a 50/50 basis. If the child does not have Settlement, the Province is fully responsible for maintenance costs.

(b) If a child is taken into care (Section 45 of the Children's Services Act) where the child has Settlement, the municipality is responsible for one hundred percent of the costs and does not receive cost-sharing from the Provincial government on these expenditures. Where the child does not have Settlement, the Province assumes responsibility for these costs.

Settlement, as determined under the Settlement Act (Chapter 15, Statutes of Nova Scotia, 1970), fixes the responsibility to a particular municipality in relation to each individual child.

Issues and Concerns

Because funding arrangements with municipalities are inefficient and time-consuming to administer, they add to the overall cost of operation of the Family and Children's Services system. Both agency staff and municipal staff have to attend Court Hearings and prepare the documentation related to the establishment of financial responsibility. Where disputes occur over the child's place of settlement, the process becomes more prolonged and more costly.

The Panel and the Task Force believe that simplifying municipal/provincial funding arrangements, while facilitating the administrative process, would not substantially alter the existing financial responsibility of either party. Therefore, it is recommended:

11.15 that a single per capita rate of municipal contribution towards the cost of providing children's services be established to reflect current total municipal expenditures in this area, and be subject to an annual cost of living revision by the Executive Council.

This change in funding should not stop municipalities from seeking contributions toward care from families, as is their current practice.

FUNDING OF FAMILY AND CHILDREN'S SERVICES PROVIDING PRIMARILY NON-LEGISLATED SERVICES

Agencies such as Family Services of Eastern Nova Scotia, the Family Services Association of Halifax/Dartmouth, Halifax County, Bedford, the Antigonish Diocesan Charities, and Big Brother and Big Sisters organizations are funded differently than the traditional Family and Children's Services agencies. Generally, they are part of the discretionary grant system administered by the Office of the Deputy Minister in the Department of Social Services and as such, are not within the purview of the Family and Children's Services Division. There is an initiative underway in the Department to transfer funding of these agencies to the Family and Children's Services Division and have the grants administered as part of the total delivery system to children and families. The Task Force supports this move and the realignment of these agencies within the system.

FUNDING - CHILDREN'S FACILITIES

Introduction

The operating budget for each privately-operated, non-profit facility is approved by the Department of Social Services in each fiscal year. In approving the budget for the facility, statements of the previous year's operation and the facility's own budget for the current year are closely examined. Following this examination of the budget requirements of the facility, a recommended budget is submitted to the Deputy Minister for approval.

Once the budget for the facility has been approved, 75 percent of the amount is provided directly to the facility in the form of a grant divided into twelve equal monthly payments. The balance of the 25 percent is then paid according to a per diem rate, based upon the expected occupancy of the facility. The result of this arrangement is that 75 percent of the funding of children's facilities is fixed and issued to the facility early in the fiscal year, while 25 percent is variable and relates directly to the use and occupancy of the facility.

There are only three exceptions to this formula: the Nova Scotia Home for Coloured Children, which receives its funding through a per diem rate calculated on an 80 percent occupancy rate; the S.O.S. Children's Village, where the foster home maintenance rate is paid and special needs funding considered on an

individual basis; and the three maternity homes which receive two-thirds of their operating budgets and raise the balance of the funds themselves.

Issues and Concerns

Although in most instances, the funding formula is considered appropriate for the facilities, the overall level of funding is insufficient to meet programming needs, particularly in group homes and residential centres. Staff resources, in particular, are minimal.

Many facilities do not have enough money to hire casuals to replace staff on vacation. They also cannot afford to hire extra staff for special-needs children so as to achieve a reasonable staff/child ratio. In addition, the ability of the Department to provide special assistance to facilities for unexpected maintenance or other costs is extremely limited.

The Task Force was told that most small residential facilities operate on such stringent budgets that there is little, if any, leeway for unbudgeted costs or contingencies. Unfortunately, in facilities that provide care to many of the very distraught, difficult children in the family and children's services system, the unexpected can be expected.

Funding for children's residential facilities must be enhanced if they are to operate beyond minimal standards. Upgrading of some of the existing physical plants, staffing ratios and other care components such as programming, must be addressed. As well, methods should be devised for building flexibility into the funding arrangements to help facilities meet the needs of children who require special care, such as above-normal supervision.

The Task Force recommended rationalization of the residential facilities system and development of guidelines for facilities and programs. While these measures will create a more organized system, only additional funding will increase the standard of care, which is directly related to the quality and quantity of staff in each facility. The Task Force recommends:

11.16 that

(a) licensed children's services facilities be funded at a level that will ensure that adequate standards are in place in each of the facilities; and

(b) a reserve of funds be established within the Department of Social Services to meet the special-needs requirements of children who are placed in facilities. The reserve funds should be used for requirements over and above the normal operation of the facility - e.g., special one-to-one child care arrangements, the purchase of special psychological services or remedial educational help.

FUNDING - TRANSITION HOUSES

The Department of Social Services has stabilized the funding of transition houses considerably over the past few years. The Department provides each transition house with 75 percent of its approved operating budget and the sponsoring organization is responsible for raising the other 25 percent from such sources as privately-raised funds and/or municipal contributions.

In each of the briefs received from transition houses, strong requests were made to include a child care worker in the approved transition house budget. The Task Force discussed this in the Chapter on Family Violence and made a recommendation supporting the addition of a child care worker to the staff of each house.

CULTURALLY APPROPRIATE SERVICES

The Task Force received presentations from three Acadian and two Native groups and organizations. Each addressed the issue of culturally appropriate services from a slightly different perspective, but the underlying message of each was the same: that regardless of the type or location of a service, the providers of that service must be sensitive to language and cultural differences.

For the Acadian groups, the provision of services in their Mother Tongue is vital, particularly in times of personal and emotional crisis. Services in French,

though sparce, are now offered in some areas of the province by the French-speaking staff of agencies and the Department of Social Services. The Task Force supports the request of the Acadian groups, and suggests that the agencies and Department of Social Services ensure the availability of bilingual staff whenever warranted. Bilingual staff can only be increased through staff attrition and attention to language needs during the hiring process.

The wishes of the Indian community, in particular status Indians, are being addressed by the MicMac Family and Children's Services agency which is beginning to serve on-reserve, status Indian children and their families. The agency and the Chiefs of the Nova Scotia bands want recognition of their belief that regardless of whether Indian children live on or off a reserve, they belong to the MicMac Nation and should be served by their own MicMac Family and Children's Services agency. They believe that eventually, the agency will provide legislated and other services.

For the aboriginal peoples living off-reserve and for those who are non-status Indians, there are even greater problems. One of the most difficult to resolve is that the only resources available to them are designed for a non-native population and do not recognize or understand the particular problems related to their cultural heritage. As well, this group perceives its needs as being different than those of status Indians and do not believe the MicMac Family and Children's Services is the appropriate vehicle to assist them. This is a matter which must be examined more closely by government.

To address the needs of Status Indians to the extent desired will mean the gradual evolution of the MicMac Family and Children's Services to encompass the total range of family and children's services. In the interim, the Task Force supports the request and desire of the aboriginal peoples for services and resources which recognize, and are sensitive to, their unique cultural heritage.

The Task Force trusts that an awareness of cultural heritage and differences is inherent in all services and resources which are provided to Nova Scotians with unique cultural heritages. Through such avenues as staff training, it is the hope of the Task Force that measures will be undertaken to increase the

awareness and understanding of the staff of the Family and Children's Services system in relation to both linguistic and culturally distinct groups.

SUMMARY

As already noted, the entire area of Program Administration requires considerable work and development. Although the system can continue to function without some of the changes and enhancements suggested, it will become stagnant and even less able to meet the needs of families and children.

Staff development, improved qualifications and better staff-child ratios in services and facilities all contribute to the quality of service and care that the system provides. It is, therefore, the responsibility of government to determine the level and quality of service that it either wishes to provide itself, or have provided by private, non-profit agencies, and to take the necessary steps to ensure that the desired level and quality of services are met.

CHAPTER XII

LEGISLATION

LEGISLATION

CHARTER OF RIGHTS FOR CHILDREN

The challenge of what the law can and should do with and for children will probably never be satisfactorily resolved. Evolving perceptions and new experiences determine the attitudes and positions of individuals, institutions and governmental administration. Legal issues are further complicated by the fact that increasingly, adolescents want to participate in decision-making procedures that affect them.

Because the claims to rights to protection and autonomy may appear to conflict with each other, they must be explained and placed in separate categories. For instance, adults with the right to autonomy have the power and responsibility to make decisions for themselves. When they make poor choices, they must suffer the consequences. Children, on the other hand, are entitled to their guardian's protective paternalism. A guardian can protect a child from his inability and inexperience in making sound decisions and from the consequences that would ensue from making a poor one. The point at which a child's right to autonomy supersedes his right to protection against risk of error is unavoidably contentious.

Any discussion or examination of children's rights must recognize the child's struggle between autonomy, dependence and protection. This struggle is a fluid one that is influenced by the child's age, development and familial and societal circumstances at any given point in time.

The family, its structure and the roles of individuals within it, are changing. The modern family is no longer the isolated, beneficient unit that it once was or was thought to be. We now speak of a need for children's rights, perhaps in the hope that somehow, children's rights can replace or reinforce that amorphous yet invaluable trust once left almost totally to the family.

One example of a charter or bill of rights for children is the United Nations Declaration of Rights of the Child. The text of this Declaration is contained in Appendix VII of this Report.

Currently, the Declaration represents a set of principles or guidelines put forward by the United Nations for the use of any country in the world wishing to adhere to them. As the Task Force is underway, refinements are being made to the Declaration in the hope that a convention can be developed and agreed to by member countries of the United Nations and, eventually, ratified by them.

The United Nations Declaration, while admirable in content, poses practical problems in its application. It is difficult to imagine that legislation embodying rights like those contained in the Declaration could be drafted and enforced. It is equally difficult to determine the Declaration's meaning of the word "right" and whether the rights it espouses are capable of being enforced.

Also, when we address the issue of children's rights in Canada today, consideration must be given to the Canadian Charter of Rights and Freedoms. The "wild card" on the horizon, the Charter not only entrenches the rights and freedoms of all "persons", including children, but also prohibits discrimination and guarantees equal protection and benefit of the law based on the specifically enumerated category of age.

While the Charter of Rights and Freedoms has been used primarily in criminal or quasi-criminal situations, it will also have a significant impact on children's rights, although the extent of this impact is not yet known. As this Report is being written, a situation is before the Supreme Court of Nova Scotia concerning the Charter and the educational rights of a special-needs youngster. The Task Force believes it would be prudent to determine the impact of the federal Charter on children's rights before taking action to develop a provincial Charter of Rights for Children.

Where Should We Go

As yet, no Canadian province has adopted an all-encompassing Bill of Rights for Children; neither does the Task Force know of any jurisdiction in the United States or United Kingdom that has.

The fact that no statute specifically enshrines rights for children should not be of concern. The law affecting children and families is almost exclusively established by statute. Thus, in each province, a wide variety of other statutes affecting the status of children invariably create "rights" i.e. entitlements that can be enforced by court order.

Submissions to the Task Force indicate that opinion is divided on the usefulness of a Charter of Rights for Children. The views ranged from supporting the concept, to expressing concern that the rights might not be enforceable, to supporting a Charter of Rights for the Family. A review of the literature, statutes, charters, and submissions to the Panel on Legislation and the Task Force led to the conclusion that the broad range of issues, the everchanging capacity and abilities of children, and the implications for parental authority which would arise from the sweeping power of a Charter of Rights for Children, require that the rights of children be dealt with, for the most part, on an issue-by-issue or case-by-case basis.

Although the Task Force acknowledges there may be some merit in espousing principles such as those contained in the United Nations Declaration of the Rights of the Child, it is not recommending a Charter of Rights for Children be developed in Nova Scotia. Given that the impact of the Canadian Charter of Rights and Freedoms will have on children's rights is not yet known, the Task Force considers the development of a separate Charter of Rights for Children is neither warranted nor timely.

The Task Force believes that at the present time the interests of children can best be served and advanced through the provision of services to them, the enhancement of family life and by making some changes to the Children's Services Act. Accordingly, in the following sections of this chapter, legislative amendments are recommended which, if implemented as recommended, will contribute significantly to ensuring that the rights and interests of children are enhanced.

GUARDIAN AD LITEM

It has been recognized that there are an increasing number of issues involving children that require legal decisions and that the presence of legal counsel and/or a court-appointed guardian ad litem may be advantageous to the present and future interests of a child. While the Task Force does not recommend the presence of legal counsel for children in all child custody cases, it does support the existing power of the Court to exercise discretion pursuant to Section 56 of Children's Services Act for the appointment of a guardian ad litem. However, pursuant to that section, there needs to be clarification regarding the manner in which the guardian ad litem is to be paid, and how he, in turn, should arrange payment for the hiring of legal counsel and for obtaining medical examinations and assessments. Since the lack of clarification regarding these matters inhibits the use of Section 56, the Task Force recommends:

12.1 that regulations be enacted to provide specifically for the manner in which the costs incurred by, and the fees of, the guardian ad litem are to be paid.

Regulations specifying the manner of payment will foster the use of the guardian ad litem provisions in cases where a child is in need of legal support as determined by the judiciary. The Task Force believes that, with these changes in regulations, the Court will be in a better position to exercise its discretion pursuant to Section 56 of the Children's Services Act. Once appropriate provision is made for the payment of costs, the Task Force recommends:

12.2 that the frequency and types of usage of the guardian ad litem be monitored by the Department of Social Services.

The Task Force believes that the enhancement of the guardian ad litem provisions and the monitoring of their useage will give an indication of the need for additional involvement by government in legal services for and on behalf of children.

CHILDREN'S EVIDENCE

The Task Force heard, through briefs and oral submissions, about the trauma that children experience when they have to give evidence about abuse, especially sexual abuse.

Fortunately, in many cases, medical and other professionals can document evidence of physical abuse through such methods as photographs, x-rays and video-tapes. Staff of the Izaak Walton Killam Hospital, sensitive to the needs of children and the requirements for evidence in the legal, judicial system, are extremely helpful in cases of abuse resulting in injuries. Co-operative and sensitive professionals help a child welfare agency to document abuse prior to trial. Appropriate disclosure to parents' counsel should make it clear that the abuse is proven, thus placing the focus of legal counsel, the parties and the court where it should be - on having the abuser undergo effective therapy. Doing so can take the abuse out of the court and can save a child from having to act as a witness.

Realistically, however, there are situations in which the only way to prove abuse is to call the child as a witness. This is especially true in cases of sexual abuse in which the alleged perpetrator, usually a parent or parent figure, denies the abuse, as does his spouse.

Apart from suffering the trauma of the abuse, the child is placed in a situation in which he or she may also have to endure testimony in a child welfare proceeding, a criminal preliminary inquiry and a criminal trial. Acting as a witness or preparing to act as a witness forces the child to relive and recount the episode of abuse over and over again. The child must usually endure the added stress of being perceived, by herself and her family, as the cause of unwarranted damage to the perpetrator's reputation, possibly leading to a loss of unemployment and imprisonment.

In considering the evidence of an abused child, several factors deserve special attention: the child has nothing to gain by making false allegations; the child's testimony may create an emotional confrontation with parents and others that are contrary to the child's interests; the child may be subjected to a number

of pre-trial interviews with professionals; and the child may be asked questions that are difficult for him or her to understand.

The rights and interests of the child would be better protected if, in some instances, parents were removed from the Courtroom while the child gave testimony. The child's testimony could be recorded and the parents' counsel could remain to hear that testimony and would be permitted a recess to consult with his client. Such a procedure would be appropriate in child welfare proceedings where the paramount concern is for the child.

Consideration should also be given to using videotaped evidence on closed circuit television so that a child would be saved from having to repeatedly recount the episode of abuse in the interests of prosecution.

Therefore, where there is evidence to indicate that the child may be harmed, or that there is nothing to be gained by a face-to-face confrontation with parents in court, or that it is in the best interests of the child to avoid a face-to-face confrontation with the parents, the court should have the ability to consider alternate forms of receiving the evidence of the child. The Task Force believes that appropriate legislation should be passed to assist counsel and the court in receiving evidence from victims of child abuse while protecting the rights and interests of all the parties. Therefore, the Task Force recommends:

12.3 that legislation be enacted which provides the Court with statutory discretion to:

(a) exclude the parents from the courtroom during the testimony of a child victim, with the parents' counsel remaining and permitted recesses during direct cross-examination to consult with his clients;

(b) utilize video-taped evidence;

(c) admit hearsay evidence of a child as proof of the contents thereof;

(d) make rules of Court concerning the receipt of children's evidence.

if it is demonstrated to the Court to be in the best interests of the child to so proceed.

It is interesting to note that the Texas Code of Criminal Procedure Section 3 of Article 38.071 provides that: the Court may, on the motion of the Attorney for any party, order that the testimony of the child be given in a room other than the courtroom and be televised by closed circuit equipment in the courtroom to be used by the Court and the finder of fact in the proceeding; only the Attorney's for the defendent and the state may be present or may question the child; the Court shall permit the defendent to observe and hear the testimony of the child in person and shall ensure that the child hear or see the defendent.

In addition, the Task Force was advised of recent cases in British Columbia which support the Task Force recommendation concerning the use of hearsay evidence. Such an approach would do a great deal to alleviate many of the problems and traumas resulting from a child having to give testimony. It is reasonable to expect that the Court should be provided with a rationale for not having to hear oral evidence from the child. Reasons for having a child give testimony can be put forward as necessary.

It is interesting to note that in the cases in British Columbia, hearsay evidence was not limited to situations in which a child was not called upon because of age or maturity. The question of the admission of evidence might be best resolved as in the Courts of British Columbia, where it is determined according to the best interest of the child.

BETTER UTILIZATION OF SECTION 44 OF THE CHILDREN'S SERVICES ACT

Section 44 of the Children's Services Act provides a legal mechanism for child welfare agencies to cause parents to come before the Courts and to be addressed by a judge concerning the protection of their child. This section of the Act is a useful tool to alleviate the necessity of removing a child from his home while providing the agency with a means to impress upon the parents the seriousness of the situation and to encourage them to obtain services or counselling which will help improve the family situation. There are several

difficulties with Section 44 of the Children's Services Act which should be rectified to encourage its more frequent usage. Firstly, agencies wishing to use legal counsel to present Section 44 matters to the Court find that there is no provision in law for the payment of legal costs. Because of this lack of specificity regarding payments of legal costs, agencies do not use Section 44, even if they want to.

The second matter relating to Section 44 of the Children's Services Act is the lack of detail prescribed in the notice given to parents, instructing them to appear before the Family Court. In order to help them prepare for the court appearance, the Task Force believes that parties to a Section 41 matter must have knowledge both of the nature of the allegations which are made about them and actions which could be taken by the Court. Such information could be provided through the use of forms as prescribed by the Family Court Rules Committee, the appending of appropriate documentation to the Court notes, or through an affidavit prepared by legal counsel.

Finally, Section 44(3) of the Children's Services Act provides for an order for the examination of the child. This Section, however, is not broad enough to include a court order for the examination of the parent or guardian of the child. Such provision, if extended to the parent or guardian of the child, would be particularly useful in assisting the Court to have parents or guardians assessed for drug and/or alcohol abuse, psychiatric problems and family problems.

The Task Force recommends:

12.4 that Section 44 of the Children's Services Act and procedures thereunder, be amended to:

(a) clarify the method of payment of legal fees where agencies hire counsel to present a matter to the Court;

(b) clarify the particulars which must be included in the notice given to parents; and

(c) include parents and guardians as persons whom the Court may refer for psychiatric, medical or other examinations.

The Task Force believes that the above-mentioned enhancements will encourage better utilization of Section 44 of the Children's Services Act and perhaps reduce the number of instances where it is necessary for an agency to take a child into care. The Task Force believes that the Family Court has an important role to play in the counselling of parents and children. It also believes that Family Court should be given the appropriate authority to have parents assessed for services that will help them fulfill their parental obligations, enhance the quality of their family life, and increase the likelihood of the child continuing to remain in his or her own home.

CHILD ABUSE REGISTER

The general consensus of the briefs presented to the Task Force which addressed the issue of the Child Abuse Register was that the Register is ineffective for the purpose for which it was established - the protection of children from abuse. Because of the limited access to the Child Abuse Register, it is mainly used for statistical purposes to provide government with information concerning families and children who are registered in it. If the Child Abuse Register is to be made more accessible, it is imperative that the integrity of the Register be assured. The Task Force believes that one important mechanism to preserve the integrity of the Register is to ensure that individuals whose names are recorded on the register are aware of that recording and are given an adequate and timely opportunity to have that recording reviewed by an independent body. Therefore, the Task Force supports the current process of the judicial review of recordings in the Child Abuse Register.

In addition, it is the view of the Task Force that the Child Abuse Register should not be limited to instances where the abuse is caused by a parent or guardian, but that the Register be extended to include abuse caused to a child by any person.

The Task Force is aware of the difficult nature of abusive behaviour, and of the need for professional judgement to be exercised in each case where determination is required as to whether or not a matter should be entered on the Child Abuse Register. However, the Task Force believes that particular care should be exercised in the recording of cases in the Child Abuse Register to

ensure that cases involving clearly accidental injury to children are not included in the Child Abuse Register.

Therefore, the Task Force recommends:

12.5 that

(a) access to the Child Abuse Register be broadened to provide for the screening of foster parents, prospective adoptive parents and persons employed in positions primarily relating to work with children;

(b) the definition of abuse be amended to include abuse caused by any person; and

(c) the definition of abuse be amended to ensure that accidental injury to children is not registered in the Child Abuse Register.

LEGISLATIVE IMPLICATIONS OF TASK FORCE RECOMMENDATIONS

Following are those recommendations which the Task Force believes require either amendments to existing legislation or regulations or which require the development of a legal basis, such as a contractual arrangement in order to bring them into effect.

Day Care

Recommendation

Day care services for children be more flexible in meeting family needs, including respite care, shift work, part-time work, after-school care, and family crisis.

Legislative Implications

Amendments to the Day Care Regulations would be required to prescribe the standards to be met in order for these day care services to be licensed pursuant to the Day Care Act.

Income Maintenance Payments

Recommendation

That changes be undertaken to ensure that the Family Benefits and Municipal Social Assistance programs are more responsive to family needs and better able to provide sufficient income to meet those needs.

Legislative Implications

Regulatory changes to the Family Benefits and Municipal Assistance Program would be required to prescribe the payment levels and other program changes required to comply with this recommendation.

Housing

Recommendation

That Family Benefits and Municipal Assistance allowances for shelter costs more accurately reflect the cost of shelter, particularly in the urban areas.

Legislative Implications

Amendments to the Family Benefits and Municipal Assistance Regulations would be required to prescribe the shelter allowance.

Family Maintenance

Recommendation

That the Minister of Social Services implement an assignment of maintenance program for recipients of Family Benefits, and ensure appropriate enforcement of the assigned orders.

Legislative Implications

Some legal basis for the assignment of maintenance program is required. The legal basis could be established in law, for example, in the Family Benefits Act, or could be provided for by contractual arrangement.

Availability of Children and Standards for Adoption

Recommendation

That a centralized adoption agency or service operated by the Department of Social Services, with service delivery provided through regionally-based adoption units, be established.

Legislative Implications

Consideration should be given to the means whereby the centralized adoption agency is authorized as the only adoption agency in the province to deliver the adoption service, thereby preventing agencies which are currently providing the service from continuing to provide the service. Such a mechanism could be provided through legislation, although this is not mandatory, and other non-legislative mechanisms may be equally effective.

Third Party Adoption

Recommendation

That the legislation relating to non-relative, third-party adoptions be amended to provide for the prior agency approval of the prospective adoptive couple before the placement of a child in their home.

Legislative Implications

Amendments to the Children's Services Act are required to implement this recommendation.

Services to Adolescents

Recommendation

that, contingent upon the provision of additional staff resources,

(a) the Children's Services Act be amended to allow a child between the ages of sixteen and eighteen inclusive to enter into a Voluntary Care Agreement with a child welfare agency, without parental consent; and

(b) legislative authority be provided to establish a mechanism for parents to challenge such an agreement, and in the absence of a Court challenge, the child would be presumed to be competent to enter into the agreement for services.

Legislative Implications

Appropriate legal basis is required to enable children between the ages of sixteen and nineteen to enter into contractual arrangements with a child-caring agency and to provide for a court review of the agreement.

Municipal Provincial Funding of Children's Services

Recommendation

That a single per capita rate of municipal contribution towards the cost of providing children's services be established to reflect current total municipal expenditures in this area, and be subject to an annual cost of living revision by the Executive Council.

Legislative Implications

Amendments are required to the Children's Services Act and Regulations to delete the existing provisions relating to the payment of children's services and to prescribe to the new funding formula.

CHAPTER XIII

SUMMARY AND RECOMMENDATIONS IN ORDER OF PRIORITY

SUMMARY AND RECOMMENDATIONS IN ORDER OF PRIORITY

Throughout this report the Task Force has made sixty-five recommendations for change. Each of the recommendations is important and was considered a priority by many of the people who spoke with the Task Force or forwarded briefs and letters. Although the Task Force is of the opinion that all the recommendations have merit and warrant immediate attention, it was directed to put the recommendations in priority order, and has sought to accomplish this while doing justice to all of them. The ten recommendations that the Task Force considers most important have been arranged in order of priority. The remaining recommendations have been priorized under the title of the chapter in which they are contained. The numbers in brackets at the end of each recommendation provide the chapter number and order in which the recommendation is listed in the chapter.

TEN RECOMMENDATIONS OF OVERALL PRIORITY

1. **that the Minister urge the government to develop and implement a policy on the family which clearly expresses its commitment to the concept of the family as an essential part of the social fabric of Nova Scotia and, therefore, worthy of government action and support. (1.1)**

2. **that the Minister**
   - **(a) strengthen and enhance the HESS Committee structure to provide for the overall co-ordination, at the provincial and regional levels, of family policy and programs and services to children and families; or**
   - **(b) develop an alternate mechanism at the provincial and regional levels for the co-ordination of family policy, programs and services to children and families. (2.1)**

3. **that average caseload sizes be reduced to 30 within a three-year period, beginning in 1988-89, with particular attention to child protection. (11.8)**

4. that a position of Co-ordinator of Services to Adolescents and Residential Facilities be established at a senior level in the Family and Children's Services Division of the Department of Social Services. (9.2)

5. that the Departments of Social Services and Health jointly establish and operate three regionally-based crisis/assessment centres for adolescents and other children in care. (9.3)

6. that agencies and the Department of Social Services strengthen the foster care system by establishing additional and alternate support options for children in care and for foster parents, including specialized foster homes, networks of foster homes, and facilities and programs designed to prepare adolescents for independent living. (7.2)

7. that
   (a) a co-ordinated response to child neglect and abuse be developed through the establishment of a standard provincial protocol for all agencies and professionals involved in the provision of services to children; and

   (b) the protocol be supported through inter-disciplinary training sessions. (6.2)

8. that
   (a) funding be initiated for early intervention programs; and

   (b) province-wide standards and guidelines be established for their operation. (4.1)

9. that
   (a) day care services for children be more flexible in meeting family needs, including respite care, shift work, part-time work, after-school care, and family crisis; and,

(b) more subsidized day care be developed for all children in high risk situations who live in areas of the province where there are currently waiting lists. (3.6)

10. that

(a) the personnel and monetary resources of the Staff Training Section of the Department of Social Services be increased;

(b) a comprehensive staff training program be developed for Family and Children's Services, with a goal of implementation during the 1987-88 fiscal year; and

(c) the Department of Social Services utilize resources such as the Maritime School of Social Work at Dalhousie University, other universities, and the Departments of Health and Education to assist with staff training endeavors. (11.12)

REMAINING RECOMMENDATIONS

The following recommendations have been listed in order of priority within each chapter of the Task Force report. No sequencing of chapters in order of priority has been undertaken, thus they appear as they are found in the report.

SERVICES TO FAMILIES

1. that

(a) teaching homemaker services be funded as part of the core budgets of family and children's services agencies; and

(b) family and children's services agencies currently offering homemaker programs be assisted to expand these programs. (3.5)

2. that the Departments of Social Services and Education be mandated to work co-operatively toward the implementation of an effective and uniformly available Family Life Education Program within the public education system. (3.1)

3. that, as part of their responsibilities in communities throughout Nova Scotia, agencies be encouraged to provide support for groups designed to assist adults in improving the quality of their family and marital relationships and enhancing their parenting skills. (3.2)

4. that changes be undertaken to ensure that the Family Benefits and Municipal Social Assistance programs are more responsive to family needs and better able to provide sufficient income to meet those needs. (3.7)

5. that counselling services be recognized as essential services, funded by government, and be made available throughout Nova Scotia in co-operation with existing family and children's services agencies and organizations. (3.4)

6. that the Department of Social Services develop and implement a plan for the use of a variety of public information methodologies, particularly multi-media campaigns, to communicate supportive messages on family life. (3.3)

7. that the Minister of Social Services implement an assignment of maintenance program for recipients of Family Benefits, and ensure appropriate enforcement of the assigned orders. (3.9)

8. that Family Benefits and Municipal Social Assistance allowances for shelter costs more accurately reflect the cost of shelter, particularly in urban areas of the province. (3.8)

9. that the Chief Judge of the Family Court be allocated sufficient funds to conduct and enhance the current professional development sessions for the Family Court Judiciary, and that those sessions include an examination of the Court's role in dealing with family crisis, and a study of the trends and social conditions of the time. (3.10)

SERVICES TO HANDICAPPED CHILDREN

1. that the Department of Social Services undertake the expansion of in-home support programs for handicapped children. (4.2)

2. that all services and facilities for mentally handicapped children become part of the Family and Children's Services Division of the Department of Social Services. (4.3)

FAMILY VIOLENCE

1. that the budget of each transition house be adjusted to include one full-time child care worker. (5.2)

2. that a provincial protocol be developed for the guidance and use of all agencies involved in spousal abuse. (5.4)

3. that
   (a) training be provided for staff of all services who work with victims of family violence;

   (b) funding be provided for self-help and support programs for victims and perpetrators; and

   (c) Courts use their existing powers to order treatment for perpetrators of assault and abuse. (5.1)

4. that provision be made for the funding of items of special need for victims of violence and their children in co-operation with the municipalities and transition houses. (5.3)

CHILD NEGLECT AND ABUSE

1. that the special-needs allocation for each agency be increased and that the funds be used, at the discretion of the agency head, to meet the needs of

children and their families, regardless of whether or not the children who are being served are in the care of the agency. (6.3)

2. that treatment services for child victims, family members and perpetrators of child neglect and abuse be made available throughout the province and that agencies be provided with the necessary funds to gain access to these services. (6.4)

3. that a liaison be established with the Nova Scotia Medical Society to assist with the development of a team approach to respond to the medical aspects of child abuse, particularly child sexual abuse, and with training staff of Family and Children's Services. (6.1)

FOSTER CARE

1. that agencies be required to implement permanency planning on behalf of the children in their care. (7.1)

2. that an aggressive recruitment/assessment program to find foster parents be developed and implemented in conjunction with the Federation of Foster Parent Associations of Nova Scotia. (7.3)

3. that, in order to retain and obtain foster parents,
   (a) uniform and mandatory orientation and training programs be developed for foster parents, in conjunction with the Federation of Foster Parent Associations of Nova Scotia; and,

   (b) the necessary resources be provided to allow the attendance of foster parents at training sessions. (7.4)

4. that the maintenance rate for older children be adjusted upward to reflect the increased demands placed on foster parents, related to the care of older children. (7.5)

5. that a classification system and program of special foster care rates be developed and implemented for children with special needs. (7.6)

6. that efforts be made to obtain standard comprehensive insurance coverage for foster parents. (7.7)

ADOPTION

1. that uniform standards be developed and enforced for all aspects of adoption services, including assessments, placements, adoption home studies, and eligibility requirements. (8.2)

2. that the subsidized adoption program be expanded, and provincial support be reinstated at one hundred percent. (8.3)

3. that the legislation relating to non-relative, third-party adoptions be amended to provide for approval by the agency of the prospective adoptive couple before the placement of the child in their home. (8.8)

4. that
   (a) a centralized adoption agency or service operated by the Department of Social Services, with service delivery provided through regionally-based adoption units, be established; and

   (b) a province-wide Register of approved adoptive parents and of children available for adoption be established and administered by the Department of Social Services. (8.1)

5. that policies be developed which create an awareness and an understanding of the range of options available in the adoption process, and which allow for more openness immediately in two types of adoptions:
   (a) those of older children; and

   (b) in adoptions in which birth mothers are provided with the opportunity to be part of the selection process by reviewing non-identifying but

pertinent information on two or three suitable adoptive homes and indicating a preference. (8.5)

6. that post-adoptive services be designed in an effort to ensure a comprehensive adoption program. (8.4)

7. that the existence and the function of the Adoption Register be publicized. (8.6)

8. that the Department of Social Services review current practices related to private adoptions with relatives, particularly the role of agencies. (8.7)

9. that the Department of Social Services, in conjunction with the Departments of Health and the Attorney General, establish a multi-disciplinary committee to study the subject of surrogate parenting and make recommendations for policy development and/or legislation respecting this matter. (8.9)

SERVICES TO ADOLESCENTS

1. that contingent upon the provision of additional staff resources,
   (a) the Children's Services Act be amended to allow a child between the ages of sixteen and eighteen inclusive to enter into a Voluntary Care Agreement with a children's services agency, without parental consent; and

   (b) legislative authority be provided to establish a mechanism for parents to challenge such an agreement, and in the absence of a court challenge, the child would be presumed to be competent to enter into the agreement for services. (9.1)

RESIDENTIAL FACILITIES

1. that the child care facilities system be restructured so that the purpose role, function, and relationship of each facility to the others within the system is clearly defined. (10.1)

2. that along with other enhancements to the Nova Scotia Residential Centre, a small, but well-staffed and highly-structured, specialized treatment unit be established. (10.2)

PROGRAM ADMINISTRATION

1. that the staff-child ratios in child caring facilities be enhanced to range from 1:3 to 1:8, depending on the nature of the facility and the children being served. (11.9)

2. that
   (a) licensed children's services facilities be funded at a level that will ensure that adequate standards are in place in each of the facilities; and

   (b) a reserve of funds be established within the Department of Social Services to meet the special-needs requirements of children who are placed in facilities. The reserve funds should be used for requirements over and above the normal operation of the facility - e.g., special one-to-one child care arrangements, the purchase of special psychological services or remedial educational help. (11.16)

3. that for the larger joint service agencies, there be a Senior Administrator, in addition to the Executive Director, responsible for the day-to-day operation of the agency. (11.3)

4. that a position of Co-ordinator of Adoption Services be established in the Family and Children's Services Division. (11.6)

5. that a single per capita rate of municipal contribution towards the cost of providing children's services be established to reflect current total municipal expenditures in this area, and be subject to an annual cost of living revision by the Executive Council. (11.15)

6. that the Department of Social Services and the Nova Scotia Civil Service Commission set the entry level qualification in children's services at
   (a) the B.S.W. level, or beyond, for field offices and agencies; and

   (b) the community college level certificate in child care, or beyond, for counsellors in residential facilities;

   with the exception of those jobs which are viewed as providing support staff to work with professional staff. (11.10)

7. that the position classifications and salary scales for (a) managerial and supervisory personnel, and (b) child protection staff be upgraded to adequately reflect job responsibilities. (11.11)

8. that a budget review committee composed of a Chairperson, two representatives from the agencies and two from the Department of Social Services, be established to:
   (a) review the Projected Operational Plans of agencies;

   (b) meet with agencies on a regular basis to discuss their program and service priorities; and

   (c) make recommendations to the Minister on the overall priorities for funding, staffing and programming for the agencies. (11.13)

9. that training modules be developed for agency boards. (11.2)

10. that the Family and Children's Services Division be reorganized and enhanced with additional staff to strengthen its ability to administer and

evaluate the programs, services, agencies, and facilities for which it is responsible. (11.7)

11. that the Regional Administrators be relieved of their responsibilities for direct individual agency/office management and that their responsibilities for the overall management of all services and programs in their respective regions be increased. (11.5)

12. that expansion within the family and children's services sector in Nova Scotia be restricted to community-based, non-profit agencies. (11.1)

13. that
    (a) over a three-year period beginning in 1988, the matching formula be raised twenty-five cents each year until it reaches a dollar for each dollar raised privately by agencies; and

    (b) the provincial matching funds be paid upon receipt of an agency's year-end statement of privately-raised funds and be subject to audit at a later date. (11.14)

14. that in each of the five district offices of the Department of Social Services responsible for children's services, advisory boards with a broad community representation be appointed. (11.4)

LEGISLATION

1. that
    (a) access to the Child Abuse Register be broadened to provide for the screening of foster parents, prospective adoptive parents and persons employed in positions primarily relating to work with children;

    (b) the definition of abuse be amended to include abuse caused by any person; and

(c) the definition of abuse be amended to ensure that accidental injury to children is not registered on the Child Abuse Register. (12.5)

2. that legislation be enacted which provides the Court with statutory discretion to:

(a) exclude the parents from the courtroom during the testimony of a child victim, with the parents' counsel remaining and permitted recesses during direct cross-examination to consult with his clients;

(b) utilize video-taped evidence;

(c) admit hearsay evidence of a child as proof of the contents thereof;

(d) make rules of Court concerning the receipt of children's evidence;

if it is demonstrated to the Court to be in the best interests of the child to so proceed. (12.3)

3. that regulations be enacted to provide specifically for the manner in which the costs incurred by, and the fees of, the guardian ad litem are to be paid. (12.1)

4. that the frequency and types of usage of the guardian ad litem be monitored by the Department of Social Services. (12.2)

5. that Section 44 of the Children's Services Act and procedures thereunder, be amended to:

(a) clarify the method of payment of legal fees where agencies hire counsel to present a matter to Court;

(b) clarify the particulars which must be included in the notice given to parents; and

(c) include parents and guardians as persons whom the Court may refer for psychiatric, medical or other examinations. (12.4)

REFERENCES

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APPENDICES

APPENDIX I

TERMS OF REFERENCE

TERMS OF REFERENCE

TASK FORCE ON FAMILY AND CHILDREN'S SERVICES

The Task Force will review the present philosophy, range and delivery of social services to families and children in Nova Scotia and, taking into account the best current thinking in other jurisdictions and its applicability to Nova Scotia and the Task Force's perception of further service needs, make recommendations, in order of priority, to the Minister of Social Services for further actions, appropriate for the balance of the 1980s.

In fulfilling its task, and without limiting the generality of the foregoing, the Task Force is asked to:

1. Assess existing services which assist children to remain with their natural families where there is need for external intervention, and recommend what further supports and services are desirable to better serve families and children requiring help within the family unit.

2. Review existing foster care, adoption and post-adoption programs and recommend appropriate strengthening.

3. Review the requirements and functions of publicly-supported care facilities for children and make recommendations for further action in this area, giving attention to both existing facilities and the need for new facilities and such matters as programs, staffing patterns and physical plants.

4. Review efforts in prevention, detection and services in the areas of family crisis, family violence, and child abuse and neglect, including the registration of child abuse, insofar as such matters come within the purview of the Department of Social Services.

5. Examine the administration mechanism and structure used to deliver services to families and children, including particularly the role, unique position and future arrangements with Children's Aid Societies and Family

and Children's Services Agencies; the role of other publicly-supported private agencies; joint services arrangements; funding formulae for private family and children's services agencies, and fiscal arrangements with other levels of government respecting family and children's services.

6. Examine current and prospective caseload sizes and personnel requirements in each program area and make recommendations for appropriate response.

7. Assess social services provided for and to young adolescents to encourage and support them within family settings.

8. Examine the utility of a Provincial Charter of Rights for Children.

9. In line with the recommendations of the Task Force on Homes for Special Care (1984); examine the way in which services to mentally handicapped children relate currently to services to families and children generally, and comment upon their future relationship.

10. Review, generally the area of Day Care facilities, and offer general recommendations on the linkages of child care with family and children's services. (In 1986, a separate Task Force will be assigned a detailed examination of the area of Day Care facilities.)

11. Review legislation for which the Family and Children's Services Division of the Department of Social Services is responsible, with primary attention to the Children's Services Act. As well, examine and comment upon legislative, regulatory or policy changes necessary to implement the recommendations of this Task Force on Family and Children's Services.

12. Generally, review the responsibilities of parents to children and children to parents and make recommendations to the Minister on ways to further strengthen the family unit in Nova Scotia.

In carrying out its Terms of Reference, the Task Force is empowered to establish such working groups and sub-committees as it considers necessary. It is

intended that the Task Force carry out and complete its task in 1986 so that its Final Report may be distributed and be the subject of responses at a Nova Scotia Conference on the Family to be held in mid-1987.

APPENDIX II

MEMBERS OF TASK FORCE AND PANELS

MEMBERSHIP

TASK FORCE ON FAMILY AND CHILDREN'S SERVICES

Miss Bessie Harris (Co-Chairperson)
Director
Policy, Planning and Research Division
Department of Social Services

Dr. David Stevenson (Co-Chairperson)
Past President
Children's Aid Society and
Family Services of Colchester County

Mr. Michael Craig (Secretary)
Senior Consultant
Department of Social Services

Mrs. Martha Crowe
Administrative Officer
Department of Social Services

Mr. William Greatorex
Administrator
Family and Children's Services Division
Department of Social Services

Mrs. Sandra MacNeil
Nova Scotia Federation of Labour

Mr. Darrell Pink
President
Children's Aid Society of Halifax

Miss Rosemary Rippon
Consultant
Family and Children's Services
Department of Social Services

Mr. Norman Stubbington
President
Federation of Foster Parent Associations
of Nova Scotia

PANEL MEMBERS

Services to Families

Helen E. Gruchy - Chairperson
Rosemary Rippon
Stewart Brown
Richard Sevigny
Joan Glode
Joyce Halpern
Elaine Thimot
Nina Clark
Mary Lou Clarke

Child Abuse and Family Violence

Helen Blau - Chairperson
Dr. John Anderson
John Campbell
Bev d'Entremont
Mary Cooley
Bill Joyce
Art Surette
Marilyn Doucet
Jim Tupper

Adolescent Services and Residential Facilities

Frank Capstick - Chairperson
Mike Craig
Debra Burris
Marilyn Brookes
Ross Thorpe
Alex Bruce
Wilfred Jackson
Heikki Muinonen
Dale Ross

Foster Care and Adoption

Jennifer Dhalla - Chairperson
Susan Drysdale
Sister Mary Jean Burns
Maureen Carew
Bill McCarron
Lesley Reid
Rev. Vincent Ihasz

Program Administration

Elsie Blake - Chairperson
Bill Greatorex
Joan MacKinnon
Clem Hennebury
Ray Harris
Martin MacKinnon
Dale MacDonald
Paul Greene

Legislation

Jim Williams - Chairperson
Martha Crowe
Trevor Townsend
Rollie Thompson
Judge Vernon MacDonald
Anne Crawford
Albert Bremner

APPENDIX III

THOSE INVITED TO MAKE SUBMISSIONS TO THE TASK FORCE

THOSE INVITED TO MAKE SUBMISSIONS TO THE TASK FORCE

Annapolis District School Board
Antigonish District School Board
Cape Breton District School Board
Conseil Scolaire Clare-Argyle School Board
Colchester/East Hants District School Board
Cumberland District School Board
Dartmouth District School Board
Digby District School Board
Guysborough County District School Board
Halifax District School Board
Halifax County/Bedford District School Board
Hants West District School Board
Inverness District School Board
Lunenburg County District School Board
Northside/Victoria District School Board
Pictou District School Board
Queens District School Board
Richmond District School Board
Shelburne County District School Board
Yarmouth District School Board
Hantsport Board of School Commissioners
Family and Children's Services of Annapolis County
Children's Aid Society of Cape Breton
Children's Aid Society of Colchester County
Family and Children's Services of Cumberland County
Children's Aid Society of Halifax
Family and Children's Services of Hants County
Family and Children's Services of Kings County
Family and Children's Services of Lunenburg County
Children's Aid Society of Pictou County
Family and Children's Services of Queens County

Children's Aid Society of Shelburne County
Family and Children's Services of Yarmouth County
Children's Aid Society of Inverness/Richmond
Dartmouth District Office, Department of Social Services
Antigonish District Office, Department of Social Services
Sackville District Office, Department of Social Services
Halifax Regional Office, Department of Social Services
Digby District Office, Department of Social Services
Children's Training Centre, Dartmouth
Children's Training Centre, Pictou
Children's Training Centre, Digby
Children's Training Centre, Sydney
Nova Scotia Youth Training Centre
Shelburne Youth Centre
Nova Scotia Residential Centre
Family Court for the Province of Nova Scotia
YMCA
Sister of the Good Shepherd Group Home and Residential Centre
YWCA
Bairncroft Children's Home
Parkdale House
Bethany House
SOS Children's Village
Association for Children's Residential Facilities
Palmeter's County Nursing Home (Children's Unit)
Nova Scotia Home for Coloured Children
Home of the Guardian Angel
Nova Scotia Commission on Drug Dependency
Canadian Paraplegic Association
Nova Scotia Association of Social Workers
Nova Scotia Family and Child Welfare Association
Maritime School of Social Work
Nova Scotia Teachers College
Nova Scotia Hospital (Social Service Department)
Nova Scotia Hospital (Executive Director)

Izaak Walton Killam Hospital (Social Services Department)
Izaak Walton Killam Hospital (Executive Director)
MicMac Family and Children's Services
Family Services of Eastern Nova Scotia (Executive Director)
Nova Scotia Legal Aid
Dalhousie Legal Aid Service
Medical Society of Nova Scotia
Association for Victims of Sexual Assault
Association of Chiefs of Police
Mount Saint Vincent University
Acadia University
Atlantic Child Guidance Centre
Association for Family Life
Police Association of Nova Scotia
Nova Scotia School Boards Association
Canadian Council of Christians and Jews
Ministerial Association - Dartmouth area
Bryony House
Cape Breton Transition House
Tearmann Society
Chrysalis House (B.E.K.A.)
Southwest Nova Scotia Transition House Association (Juniper House)
Advisory Council on the Status of Women
Nova Scotia Federation of Labour
Nova Scotia Social Services Council
C.A.M.R. Nova Scotia Division
Fathers of Equality in Divorce
City of Dartmouth
City of Halifax
City of Sydney
Town of Amherst
Town of Annapolis Royal
Town of Antigonish
Town of Bedford
Town of Berwick

Town of Bridgetown
Town of Bridgewater
Town of Canso
Town of Clark's Harbour
Town of Digby
Town of Dominion
Town of Glace Bay
Town of Kentville
Town of Liverpool
Town of Lockeport
Town of Louisbourg
Town of Lunenburg
Town of Mahone Bay
Town of Middleton
Town of Mulgrave
Town of New Glasgow
Town of New Waterford
Town of North Sydney
Town of Oxford
Town of Pictou
Town of Parrsboro
Town of Port Hawkesbury
Town of Shelburne
Town of Springhill
Town of Stellarton
Town of Stewiacke
Town of Sydney Mines
Town of Trenton
Town of Truro
Town of Westville
Town of Windsor
Town of Wolfville
Town of Yarmouth
Municipality of the County of Annapolis
Municipality of the County of Antigonish

Municipality of the District of Argyle
Municipality of the District of Barrington
Municipality of the County of Cape Breton
Municipality of the District of Chester
Municipality of the County of Colchester
Municipality of the County of Cumberland
Municipality of the District of Digby
Municipality of the District of Guysborough
Municipality of the County of Halifax
Municipality of the District of East Hants
Municipality of the District of West Hants
Municipality of the County of Inverness
Municipality of the County of Kings
Municipality of the County of Pictou
Municipality of the County of Queens
Municipality of the County of Richmond
Municipality of the District of Shelburne
Municipality of the District of St. Mary's
Municipality of the County of Victoria
Municipality of the District of Yarmouth
Cape Breton Joint Expenditure Board
Parent Finders
Next Step Program c/o Veith House
Halifax Welfare Rights
Royal Canadian Mounted Police
Halifax Protestant Youth Foundation
Children's Services, Cape Breton Hospital
Chief Judge of the County Court
Chief Justice, Supreme Court, Trial Division
The Progressive Conservative Party of Nova Scotia
The Liberal Party of Nova Scotia
The New Democratic Party of Nova Scotia
Cape Breton Labour Party
Registered Nurses Association of Nova Scotia
Nova Scotia Nurses Union

Union of Nova Scotia Indians
Native Council of Nova Scotia
Black United Front
University College of Cape Breton
Union of Nova Scotia Municipalities
Margaret Beaton Foundation
Social Justice Network
Sydney Deanery
Council of Churches, Sydney
Ministerial Association, Sydney
Association of Mental Health Staffs
Cape Breton Hospital
Aberdeen Hospital
Camp Hill Hospital
Colchester Hospital
Dawson Memorial Hospital
Halifax Infirmary
Hants Community Hospital
Highland View Regional Hospital
St. Martha's Hospital
Valley Health Services
Victoria General Hospital
Yarmouth Regional Hospital
Collins House
Nova Scotia Crimonology and Corrections Association
Carolyn Lock, M.S.W.
North End Day Care Centre
Municipal Social Service Workers Association
Association of Psychologists of Nova Scotia

APPENDIX IV

BRIEFS AND LETTERS RECEIVED

WRITTEN BRIEFS SUBMITTED TO THE TASK FORCE

AGENCIES AND ORGANIZATIONS

Adoptive Parents Association of Nova Scotia
Advisory Council on the Status of Women
Anglican Church of Canada, Diocese of Nova Scotia
Annapolis District School Board
Antigonish Infant/Pre-School Developmental Program
Antigonish Right to Life
The Association of Mental Health Staffs
L'Association des Acadiennes de la Nouvelle-Ecosse
L'Association des Acadiennes de la region d'Argyle
L'Association des femmes acadiennes en marche de l'Ile Madame
Atlantic Child Guidance Centre
Atlantic Conference on Learning Disabilities
Bryony House
Canadian Association for the Mentally Retarded, Halifax Branch
Canadian Association for the Mentally Retarded, Nova Scotia Division
Canadian Association for the Mentally Retarded, Sydney Branch
Canadian Association for the Mentally Retarded, Pictou Branch
Canadian Council of Christians and Jews
Cape Breton District School Board
The Cape Breton County Foster Parent Association
Cape Breton Hospital, Children's Services
Cape Breton Transition House
Child Care Council of Nova Scotia
Children's Aid Society of Cape Breton
Children's Aid Society of Cape Breton, CUPE Local 3010
Children's Aid Society and Family Services of Colchester County
Children's Aid Society of Halifax (Staff)
Children's Aid Society of Halifax (Board of Directors)
Children's Aid Society of Inverness/Richmond
Children's Aid Society of Pictou County

Children's Aid Society of Shelburne County
Children and Youth Action Council
Chrysalis House (Better Environment Care Association)
City of Halifax, Social Planning Department
Cobequid Mental Health Centre
Counseil Jeunesse de la Nouvelle-Ecosse
Cumberland District School Board
Dalhousie Legal Aid Service
Dartmouth District School Board
Digby District Office, Department of Social Services
Family and Children's Services of Annapolis County
Family and Children's Services of Cumberland County
Family and Children's Services of Hants County
Family and Children's Services of Kings County
Family and Children's Services of Lunenburg County
Family and Children's Services of Queens County
Family and Children's Services of Yarmouth County
Family Life Commission, Catholic Pastoral Centre, Archdiocese of Halifax
Family Services of Eastern Nova Scotia
Fathers for Equality in Divorce (Nova Scotia)
Federation of Foster Parents Associations of Nova Scotia
Guysborough County District School Board
Guysborough District Office, Department of Social Services
Halifax County/Bedford District School Board
Halifax County (East) Tri-Community Interagency Council
Halifax, Dartmouth and County Foster Parent Society
Halifax District School Board
Halifax Region, Department of Social Services
Handicapped United, Cape Breton
The Highlands Concerned Parents Association
Home of the Guardian Angel
Inverness District School Board
Izaak Walton Killam Hospital
Kings County Committee on Child Sexual Abuse
Lunenburg County District School Board

The Medical Society of Nova Scotia
The Medical Society of Nova Scotia, Drug and Alcohol Abuse Committee
Metro Family Support
MicMac Family and Children's Services of Nova Scotia
Mount St. Vincent University
Mount St. Vincent University, Home Economics Department
Municipality of the County of Kings
Municipality of the County of Queens, Social Assistance Committee
Municipality of Clare
The Native Council of Nova Scotia
The Next Step Association of Nova Scotia
Nova Scotia Association for Divorce and Family Mediation
Nova Scotia Association of Social Workers
Nova Scotia Chiefs of Police Association
Nova Scotia Commission on Drug Dependency
Nova Scotia Family and Child Welfare Association
Nova Scotia Federation of Labour, C.L.C.
The Nova Scotia Home for Coloured Children
Nova Scotia Hospital
Nova Scotia Residential Centre
Nova Scotia Social Services Council
Nova Scotia Society for Autistic Children
Nova Scotia Teachers College, Child Development Services Guild
Nova Scotia Youth Training Centre
Parent Finders of Nova Scotia
Parents Reaching Out
Planned Parenthood Association of Nova Scotia
Progress Centre for Early Intervention
Project New Start
Richmond District School Board
Royal Canadian Mounted Police, Halifax Division
Sackville Family Day Care
The Salvation Army Bethany Home
Service for Sexual Assault Victims
Sisters of the Good Shepherd Group Home and Residential Centre

Shelburne County District School Board
Shelburne Youth Centre
South West Nova Transition House Association (Juniper House)
Special Committee on Child Sexual Abuse (Halifax)
Special Committee on Child Sexual Abuse (Wolfville)
Sydney Area Ministerial Association
Tearmann Society for Battered Women
Town Daycare Centre
Town of Berwick
Town of Kentville
Truro Police Department
University College of Cape Breton, Children's Centre
Valley Child Development Association
Valley Health Services Association, Mental Health Division
Victims of Family Violence Association
Yarmouth District School Board
Yarmouth Regional Hospital
Women in Transition Training

INDIVIDUALS WHO SUBMITTED WRITTEN BRIEFS OR LETTERS

David Adlington
Michael Arthur
Mr. and Mrs. S.J. Blythe
Shirley Boutilier
Barbara Boutilier
Judith Burgess
Rachel Carter
Martha Crosbie
Terry Choyce
Michael and Helen Crant
Irene Cogswell DeEll
Lin Dodge
Bob and Barb Doucette
F. Hannah
Dr. Paul Hingley, B.Sc., M.D., F.R.C.P.C.
Mrs. Michele Hom, R.N.
Bob Levy, M.L.A., Kings South
Carolyn Lock, M.S.W.
Donna MacIsaac
Alexander MacKinnon
Arlene MacQueen
Eileen Maxwell-Winsor
Pauline Morreau
Shirley Newcombe
Anna Nickerson
Elizabeth G. Parker
Dr. Gregory E. Pyrca
Dorella Raftus
Harold B. Sudworth
Claire Sullivan
Janet Sweet

Charlotte Townsend-Gault
Robert Troop
Philip R. White
Judge Robert White

APPENDIX V

MEETINGS

MEETINGS HELD

April 15, 1986 - Halifax

Bryony House
Nova Scotia Home for Coloured Children
Special Committee on Child Sexual Abuse (Halifax)
Home of the Guardian Angel
Medical Society of Nova Scotia
Parent Finders of Nova Scotia
Advisory Council on the Status of Women
Fathers for Equality in Divorce

May 7, 1986 - Bridgewater

Lunenburg Country District School Board
Family and Children's Services of Queens County
Municipality of the County of Queens

May 7, 1986 - Yarmouth

L'Association des Acadiennes de la Nouvelle-Ecosse
L'Association des Acadiennes de la region d'Argyle

May 8, 1986 - Yarmouth

Children's Aid Society of Shelburne County
Yarmouth District School Board, Special Education
Family and Children's Services of Yarmouth County

May 21, 1986 - Kentville

Family and Children's Services of Hants County
Town of Kentville/Town of Berwick/Municipality of the County of Kings (combined presentation)
Federation of Foster Parent Associations
Chrysalis House
Valley Health Services
Irene Cogswell D'Ell
Family and Children's Services of Kings County

May 22, 1986 - Halifax

Halifax County/Bedford District School Board
Nova Scotia Association of Social Workers
Special Committee on Child Sexual Abuse (Wolfville)

Sister of the Good Shepherd Group Home and Residential Centre
Children's Aid Society of Halifax (staff)
Mount St. Vincent University
Children's Aid Society of Halifax (Board of Directors)
Parents Reaching Out
Halifax County (East) Tri-Community Interagency Council
Lin Dodge
Nova Scotia Association for Divorce and Family Mediation
Barb Doucette

June 3, 1987 - Sydney

University College of Cape Breton, Children's Centre
Cape Breton Transition House and Town Day Care Centre
Canadian Association for the Mentally Retarded, Sydney Branch
Cape Breton Hospital, Children's Services
Donna MacIsaac
Handicapped United
Nova Scotia Society for Autistic Children
The Highlands Concerned Parents Association

June 4, 1986 - Sydney

Cape Breton Foster Parent Associations
Children's Aid Society of Cape Breton
MicMac Family and Children's Services
Cape Breton District School Board (Special Education)
Children's Aid Society of Cape Breton, CUPE local 3010
Sydney Area Ministerial Association
Family Services of Eastern Nova Scotia

June 5, 1986 - Port Hawkesbury

L'Association es femmes Acadiennes en marche de l'Ile Madame
Antigonish Infant/Preschool Developmental Program
Inverness District School Board
Children's Aid Society of Inverness/Richmond
Guysborough District Office, Department of Social Services
Guysborough District School Board

June 11, 1986 - Halifax

Canadian Association for the Mentally Retarded (Nova Scotia Division)
Anglican Church of Canada, Diocese of Nova Scotia
Halifax Region, Department of Social Services

June 12, 1986 - Truro

Nova Scotia Teachers College, Child Development Services Guild
Children's Aid Society of Pictou County
Children's Aid Society and Family Services of Colchester County
Family and Children's Services of Cumberland County
Nova Scotia Residential Centre
Cobequid Mental Health Centre
Native Council of Nova Scotia
Truro Police Department
Royal Canadian Mounted Police, Truro Detachment
Victims of Family Violence Association

June 20, 1986 - Halifax

Digby District Office, Department of Social Services
Halifax District School Board
Mount St. Vincent University, Home Economics Department
Shelburne Youth Centre
Next Step Program
Carolyn Locke, M.S.W.
Association for Family Life

June 25, 1986 - Halifax

Nova Scotia Federation of Labour, C.L.C.
Nova Scotia Hospital, Social Service Department
Izaak Walton Killam Hospital for Children (Mental Health Liaison Committee)
Dalhousie Legal Aid Service
City of Halifax, Social Planning Department
Collins House
Judith Burgess

July 24, 1986 - Halifax

Canadian Association for the Mentally Retarded (Halifax Branch)
Independence Camps
Nova Scotia Family and Child Welfare Association
Adoptive Parents Association
Child Care Council of Nova Scotia
Project New Start
Progress Centre for Early Intervention
Atlantic Conference on Learning Disabilities
Children and Youth Action Council
Jane Gordon

August 13, 1986 - Halifax

Nova Scotia Social Services Council

September 4, 1986 - New Glasgow

Sandra Lewis
Diane Kellogg, C.A.M.R. Pictou Branch, Children's Services Committee

September 10, 1986 - Halifax

Sackville Family Day Care
Family Life Commission, Roman Catholic Diocese of Halifax
Eileen Maxwell-Winsor
Children's Aid Society of Halifax
Bernice Jones
Dorothy Gray
Mary Lou LeRoy

September 18, 1986 - Sydney

Arlene MacQueen
Claire Sullivan
Sydney Legal Aid
Elizabeth Deki
The Highlands Concerned Parents Association
Mr. and Mrs. Nearing

September 30, 1986 - Halifax

David Adlington
Bob Levy, M.L.A.

APPENDIX VI

BIBLIOGRAPHY

BIBLIOGRAPHY

TASK FORCE ON FAMILY AND CHILDREN'S SERVICES

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APPENDIX VII

UNITED NATIONS DECLARATION OF RIGHTS OF THE CHILD

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Whereas the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person and have determined to promote social progress and better standards of life in larger freedom,

Whereas the United Nations has, in the Universal Declaration of Human Rights, proclaimed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status,

Whereas the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth,

Whereas the need for such special safeguards has been stated in the Geneva Declaration of the Rights of the Child of 1924, and recognized in the Universal Declaration of Human Rights and in the statutes of specialized agencies and international organizations concerned with the welfare of children,

Whereas mankind owes to the child the best it has to give,

Now therefore,

The General Assembly

Proclaims this Declaration of the Rights of the Child to the end that he may have a happy childhood and enjoy for his own good and for the good of society the rights and freedoms herein set forth, and calls upon parents, upon men and women as individuals, and upon voluntary organizations, local authorities, and national governments to recognize these rights and strive for their observance by legislative and other measures progressively taken in accordance with the following principles:

PRINCIPLE 1

The child shall enjoy all the rights set forth in this declaration. All children, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status, whether of himself or of his family.

PRINCIPLE 2

The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually, and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose the best interests of the child shall be the paramount consideration.

PRINCIPLE 3

The child shall be entitled from his birth to a name and nationality.

PRINCIPLE 4

The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end special care and protection shall be provided both to him and to his mother, including adequate prenatal and postnatal care. The child shall have the right to adequate nutrition, housing, recreation, and medical services.

PRINCIPLE 5

The child who is physically, mentally, or socially handicapped shall be given the special treatment, education, and care required by his particular condition.

PRINCIPLE 6

The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and in any case in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of state and other assistance toward the maintenance of children of large families is desirable.

PRINCIPLE 7

The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture, and enable him on a basis of equal opportunity to develop his abilities, his individual judgment, and his sense of moral and social responsibility, and to become a useful member of society.

The best interests of the child shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents.

The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities shall endeavor to promote the enjoyment of this right.

PRINCIPLE 8

The child shall in all circumstances be among the first to receive protection and relief.

PRINCIPLE 9

The child shall be protected against all forms of neglect, cruelty, and exploitation. He shall not be the subject of traffic, in any form.

The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental, or moral development.

PRINCIPLE 10

The child shall be protected from practices which may foster racial, religious, and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood, and in full consciousness that his energy and talents should be devoted to the service of his fellow men.